

STUDENT ACTIVITIES  
TRAVEL

FMG  
(EXHIBIT)

These forms regarding student travel may be used by the District:

- Exhibit A: Spring Branch Independent School District Trip Request (Not Overnight)—1 page
- Exhibit B: Spring Branch Independent School District Trip Request (Overnight)—3 pages
- Exhibit C: Spring Branch Independent School District Parent Permission and Release of Liability for Students Participating in Trips—1 page
- Exhibit D: Spring Branch Independent School District Permiso del Padre/Madre Liberación de Responsabilidad Sobre Estudiantes Participando en Viajes—1 page
- Exhibit E: Spring Branch Independent School District Medical Authorization Form for Trips—1 page
- Exhibit F: Spring Branch Independent School District Autorización Médica para Viajes—1 page
- Exhibit G: Spring Branch Independent School District Chaperone-Sponsor Emergency Information—1 page
- Exhibit H: Spring Branch Independent School District Información de Emergencia del Chaperon-Patroncinador—1 page
- Exhibit I: Spring Branch Independent School District Health Services: Medication/Special Procedure Administration Record—2 pages
- Exhibit J: Spring Branch Independent School District Health Services: Overnight Trip Medication Form—1 page

EXHIBIT A

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
TRIP REQUEST  
**(NOT OVERNIGHT)**

Complete and submit form to the principal one month prior to the event for approval.

Date of request: \_\_\_\_\_ Grade Level (s): \_\_\_\_\_

Group/Department: \_\_\_\_\_

Destination: \_\_\_\_\_

Destination address: \_\_\_\_\_

Date of trip: \_\_\_\_\_

Departure time: \_\_\_\_\_ a.m. or p.m. (circle one)

Return time: \_\_\_\_\_ a.m. or p.m. (circle one)

Number of students: \_\_\_\_\_ Number of Chaperones: \_\_\_\_\_

Educational rationale/Activities/TEKS connection:

\_\_\_\_\_  
 Chaperone expenses are included.

Chaperone volunteer forms are complete.

CPR Certification for staff attached.

Water Safety forms attached, if needed.

Special provisions: \_\_\_\_\_

Risk Manager approval: \_\_\_\_\_ (see Regulation)

Funding source: \_\_\_\_\_

Substitutes needed: \_\_\_\_\_

Transportation request attached:  Air  Bus  Car/Nine-passenger Van

Charter bus  Campuses Sharing Transportation

Submitted by teacher/sponsor: \_\_\_\_\_

**Approved**       **Not approved**

Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_

EXHIBIT B

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
TRIP REQUEST  
(OVERNIGHT)

Send completed form and attachments at least **one month** prior to the event to the executive director of administrative services for final approval.

School: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Date(s) of field trip: \_\_\_\_\_ Departure time: \_\_\_\_ Return: \_\_\_\_

Requesting Group: \_\_\_\_\_

Destination: \_\_\_\_\_

Number of school days to be missed: \_\_\_\_\_

Number of students on trip: Boy(s): \_\_\_\_\_ Girl(s): \_\_\_\_\_

Number of adults Sponsor(s): \_\_\_\_\_ Chaperones: \_\_\_\_\_

Explain the nature of the trip or the kind of experience the students will receive:

\_\_\_\_\_

**Previous trips taken by group (past four years)**

Year	Destination	Purpose	Expenditures

**Projected sources and use of funds**

Projected Funding Source for Trip Request	
Description	Amount
Money from activity fund, if any	
Money from District budget, if any	
Money from grant budget, if any	
Money from parent payments, if any	
<b>Total sources of funds (should equal or exceed cost of trip)</b>	

Projected Cost of Trip	
Description	Amount
Registration or other fees (attach support for the amount)	
Transportation cost (attach support for the amount)	
Lodging cost (attach support for the amount)	
Food cost (attach support for the amount)	
<b>Total cost</b>	
<b>Trip cost per student</b>	

**District requirements:**

- FJ(EXHIBIT) A authorizing fundraising (n/a if not fundraising) is attached.
- FJ(EXHIBIT) B authorizing overnight travel is attached.
- Official invitation (if applicable) is attached.
- If a sole vendor will be paid \$50,000 or more and the Board has not already approved a contract with the vendor for this trip, submit a Purchasing Agenda Item request form to the purchasing department to place on the upcoming Board agenda.
- If the students did not fundraise for this trip and parents will be paying directly to a sole vendor \$50,000 or more, send the vendor's contract to the purchasing department for verification that it meets District guidelines.
- Parent Permission and Release of Liability form signed and submitted to the building principal no later than **two weeks prior to the trip**.
- Itinerary is attached.
- Bond/Liability is attached (for ground transportation).
- Sponsor has read Board policy FMG (LOCAL) and (REGULATION) pertaining to trips and agree to with terms.
- If water activity is involved, attach all required documents.
- CPR Certificate for chaperone and sponsor included.
- Chaperone expenses are included.
- Chaperone-Sponsor Emergency Information form has been completed.
- Information regarding closest medical facility to location of event is attached.
- Transportation request attached (check all that will be used).

<input type="checkbox"/> Air	Name of airline:
<input type="checkbox"/> Bus	District bus

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<input type="checkbox"/> Car	Rental must be District-approved vendor
<input type="checkbox"/> Van	Nine-passenger van only—rental must be District-approved vendor
<input type="checkbox"/> Charter bus	Rental must be District-approved vendor—secure through transportation department
<input type="checkbox"/> Sharing transportation with school or district	

**Approval Process**

Submitted by:	_____	_____
	Sponsor	Date
Approved by:	_____	_____
	Principal	Date
Approved by:	_____	_____
	Program director (if applicable)	Date
Approved by:	_____	_____
	Superintendent or designee	Date

EXHIBIT C

\_\_\_\_\_  
Teacher's name

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
PARENT PERMISSION AND RELEASE OF LIABILITY FOR  
STUDENTS PARTICIPATING IN TRIPS

\_\_\_\_\_, a student at \_\_\_\_\_ School,  
Student's name School

has my permission to travel via school-arranged transportation to \_\_\_\_\_  
Location

on \_\_\_\_\_, departing at \_\_\_\_\_ and returning at \_\_\_\_\_  
Date Time Time

to participate in \_\_\_\_\_.  
Activity

I understand that students on trips are subject to school rules, including the student/parent handbook, SBISD Discipline Management Plan and Student Code of Conduct, concerning dress and conduct, and that failure to abide by these regulations may result in disciplinary action. **Failure to follow these regulations may result in a student being sent home immediately at the parents' expense.**

I hereby release the Spring Branch Independent School District (SBISD) and all its supervisors, employees, volunteers, and/or representatives from any and all liability and/or claims and/or cause of actions individually or collectively, for any damages or injuries that might be received during class activity, on trips, or while traveling to and from such trip destinations, except for those for which SBISD, its supervisors, employees, volunteers, and/or representatives have effective insurance coverage but only to the extent of such insurance coverage.

In order to participate in this trip, each student must have written permission from the parent or guardian.

Please sign below to grant permission for your child to go on this trip.

\_\_\_\_\_  
Signature of parent or guardian Date

Special health or dietary needs: \_\_\_\_\_

\_\_\_\_\_  
In case of emergency, please contact:

\_\_\_\_\_  
Parent or guardian name (printed) Phone number

\_\_\_\_\_  
Name (printed) Phone number

The teacher or sponsor will attach the most current Medical Authorization Form for Trips to this document. (Parents: Please keep this information updated.)

EXHIBIT D

\_\_\_\_\_  
Nombre de maestro(a)

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
PERMISO DEL PADRE/MADRE Y LIBERACIÓN DE RESPONSABILIDAD SOBRE  
ESTUDIANTES PARTICIPANDO EN VIAJES

\_\_\_\_\_, estudiante de la Escuela \_\_\_\_\_,  
Nombre Plantel educativo

tiene mi permiso para viajar en el medio de transporte proporcionado por la escuela a

\_\_\_\_\_ en \_\_\_\_\_,  
Localidad Fecha

saliendo a las \_\_\_\_\_ y regresando a las \_\_\_\_\_

para paticipar en \_\_\_\_\_.  
Actividad

Entiendo que los estudiantes que participan en viajes están sujetos a las reglas de la escuela, incluyendo el Libreto Para el Estudiante/Padre, el Plan de Manejo de Disciplina y el Código de Conducta de SBISD, en lo que se relaciona a vestido y conducta, y que la falta de obedecer estas regulaciones puede resultar en acción disciplinaria. **La falta de cumplimiento de estas regulaciones resultará en el envío inmediato del estudiante a su casa, con el costo a cargo de los padres.**

Por medio de este documento libero al Distrito Escolar Independiente Spring Branch (SBISD) y a todos sus supervisors, empleados, voluntarios y/o representantes de toda responsabilidad y/o de cualquier obligación y/o causa de acción individual o colectiva, por cualquier daño o lesión que puedan ser recibidos durante una actividad de la clase, en viajes o en el viaje hacia y de regreso a esos viajes, excepto por los cuales SBISD, sus supervisores, empleados, voluntarios y/o representantes tienen seguro efectivo pero solo a la extensión de dicho seguro.

En orden de participar en este viaje, cada estudiante debe tener permiso por escrito del padre/guardian.

Por favor firme en la linea siguiente para dar permiso a su niño(a) para participar en este viaje.

Por favor devuelva la forma completa al(a) maestro(a) de su niño(a) antes de \_\_\_\_\_.  
Fecha

\_\_\_\_\_  
Firma del padre/guardian

\_\_\_\_\_  
Fecha

Necesidades especialies de salud o de dieta: \_\_\_\_\_

En caso de emergencia, por favor lláme:

\_\_\_\_\_  
Nombre del padre/guardian (en imprenta)

\_\_\_\_\_  
Número de teléfono

\_\_\_\_\_  
Nombre (en imprenta)

\_\_\_\_\_  
Número de teléfono

EXHIBIT E

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
MEDICAL AUTHORIZATION FORM FOR TRIPS

***This section is to be completed by Trip Sponsor:***

This document will be presented to appropriate personnel at such time as emergency medical, dental, surgical care, or hospitalization may be required.

Closest medical facility to event: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I / We, being the parent(s) or legal guardian(s) of \_\_\_\_\_, a minor, do hereby appoint an agent of SBISD from \_\_\_\_\_ School  
Campus

to act in my/our behalf in authorizing emergency medical, dental, or surgical care and hospitalization for the above-named minor during a period of my absence. This authorization is given with my/our understanding that attempts will be made to contact me/us prior to the administration of treatment for any nonlife-threatening situation/condition utilizing the contact information that I/we have provided.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Daytime phone  
(Where you can be reached during the trip)

**Hospitalization Coverage for the Above-Named Minor**

\_\_\_\_\_  
Name of insurance company or government center

\_\_\_\_\_  
Identification or group number

\_\_\_\_\_  
Family physician's name

\_\_\_\_\_  
Family physician's phone number

**Insurance Waiver Statement**

**(Complete this section if you do not have insurance)**

Where no proof of insurance is established, it is understood that the parents of the student must assume legal responsibilities for expenses incurred for injuries to students that occur during cocurricular activities. I have read and understand the above.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Teacher



EXHIBIT F

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
AUTORIZACIÓN MÉDICA PARA VIAJES

***Esta sección tendrá que ser completa por un representante del viaje:***

Este documento será presentado al personal apropiado en caso de intervención debida a una emergencia médica, dental, quirúrgica o de hospitalización que sea requerida.

El centro medico mas cercano: \_\_\_\_\_

Dirección: \_\_\_\_\_ Telefono: \_\_\_\_\_

Yo/Nosotros, los padres o guardianes legales de \_\_\_\_\_ ,

menor de edad, designamos a un agente de SBISD de la Escuela \_\_\_\_\_  
Plantel educativo

para actuar en nuestro nombre y autorizar intervención médica, dental o quirúrgica y hospitalización para el bienestar del niño(a) mencionado anteriormente durante el período de mi ausencia. Esta autorización es dada con mi/nuestro entendimiento de que tratarán de localizarme/localizarnos antes de que se administre un tratamiento para cualquier situación donde no haya riesgo de vida o muerte, utilizando la información que yo/nosotros hemos proporcionado.

\_\_\_\_\_  
Firma del padre/guardian

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Dirección

\_\_\_\_\_  
Ciudad, Estado/Código postal

\_\_\_\_\_  
Teléfono de la Casa

\_\_\_\_\_  
Teléfono durante el día  
(donde usted puede ser localizado durante el viaje)

**Información de seguro médico del estudiante mencionado**

\_\_\_\_\_  
Nombre de la compañía de seguros  
o entidad gubernamental

\_\_\_\_\_  
Identificación o número de grupo

\_\_\_\_\_  
Nombre del médico de la familia

\_\_\_\_\_  
Número de teléfono del médico de la familia

**Aclaración de Falta de Seguro Médico**  
(Complete esta forma si usted no tiene seguro médico)

Cuando no se ha establecido prueba de seguro, se entiende que los padres del estudiante deben asumir responsabilidad legal por los gastos incurridos por accidentes que puedan ocurrir a los estudiantes durante las actividades co-curriculares. He leído y entiendo lo anterior.

\_\_\_\_\_  
Firma del Padre/Guardian

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre del Estudiante

\_\_\_\_\_  
Maestro(a)

EXHIBIT G

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
CHAPERONE-SPONSOR EMERGENCY INFORMATION

**Please print or type only.**

_____		_____	
Name of sponsor	Organization/Club		
_____		_____	_____
Home address	City	State	Zip
Date of birth: _____			

**Please list persons who can act on your behalf in case of an emergency.**

_____		_____	
Name	City	State	
_____		( _____ )	
Relationship to sponsor	Phone		
_____		_____	
Name	City	State	
_____		( _____ )	
Relationship to sponsor	Phone		
_____		_____	
Name	City	State	
_____		( _____ )	
Relationship to sponsor	Phone		

**Hospitalization Coverage for the Above-Named Chaperone-Sponsor**

_____		_____	
Name of insurance company or government center	Identification or group number		
_____		_____	
Family physician's name	Family physician's phone number		

**Insurance Waiver Statement**  
(Complete this section if you do not have insurance)

Where no proof of insurance is established, it is understood that the chaperone-sponsor must assume legal responsibilities for expenses incurred for injuries that occur during trips. I have read and understand the above.

_____		_____	
Signature of chaperone-sponsor	Date		

EXHIBIT H

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
INFORMACIÓN DE EMERGENCIA DEL CHAPERON-PATRONCINADOR

**Por favor escriba en letra de imprenta unicamente.**

Nombre del Patrocinador \_\_\_\_\_ Organización/Club \_\_\_\_\_  
Dirección \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Zip \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_

**Por favor liste a las personas que pueden decidir por usted en caso de emergencia.**

Nombre \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_  
Relación \_\_\_\_\_ ( )  
Número de teléfono \_\_\_\_\_

Nombre \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_  
Relación \_\_\_\_\_ ( )  
Número de teléfono \_\_\_\_\_

Nombre \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_  
Relación \_\_\_\_\_ ( )  
Número de teléfono \_\_\_\_\_

**Hospitalization Coverage for the Above-Named Chaperone-Sponsor**

Name of insurance company or government center \_\_\_\_\_ Identification or group number \_\_\_\_\_  
Family physician's name \_\_\_\_\_ Family physician's phone number \_\_\_\_\_

**Aclaración de Falta de Seguro Médico**  
(Complete esta forma si usted no tiene seguro médico)

Cuando no se ha establecido prueba de seguro, se entiende que los chaperon-patroncinador deben asumir responsabilidad legal por los gastos incurridos por accidentes que puedan ocurrir durante viajes. He leído y entiendo lo anterior.

Firma del chaperon-patroncinador \_\_\_\_\_ Fecha \_\_\_\_\_

EXHIBIT I

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT HEALTH SERVICES:  
MEDICATION / SPECIAL PROCEDURE ADMINISTRATION RECORD

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Destination: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Trip/Activity date: \_\_\_\_\_

*Copies in Trip Folder:*

Emergency care plan    Clinic emergency card    Procedure protocol(s)

**IMPORTANT: The signatures below acknowledge release/acceptance of medication(s) listed for the student noted above.**

_____ Signature of RN/NA releasing medication	_____ Date	_____ Time
_____ Signature of trip leader accepting medication	_____ Date	_____ Time
_____ Signature of trip leader returning medication	_____ Date	_____ Time
_____ Signature of RN/NA noting return of medication	_____ Date	_____ Time

**Medication Administration and Special Health Procedure Roster**

*Important:* Unlicensed personnel must be trained by licensed health services staff according to District-approved protocols before administering medications or performing special health-care procedures. Dosage instructions for administering medication(s) must be taken from the Medication Administration Card packaged with each medication. Signatures are required below for each medication administered and procedure performed.

<b>Medication:</b> _____	Time to be given: _____
Signature of person administering medication: _____	Date/Time: _____
<b>Medication:</b> _____	Time to be given: _____
Signature of person administering medication: _____	Date/Time: _____
<b>Medication:</b> _____	Time to be given: _____
Signature of person administering medication: _____	Date/Time: _____

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<b>Procedure:</b> _____	Time: _____	Frequency: _____
Signature of person administering medication/procedure: _____		Date/Time: _____
<b>Procedure:</b> _____	Time: _____	Frequency: _____
Signature of person administering medication/procedure: _____		Date/Time: _____
<b>Procedure:</b> _____	Time: _____	Frequency: _____
Signature of person administering medication/procedure: _____		Date/Time: _____

Medical alert notes/special instructions: \_\_\_\_\_

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***Return to Campus Health Services staff***

EXHIBIT J

Spring Branch Independent School District  
HEALTH SERVICES

Overnight Trip Medication Form

Parent's Statement for Medication to be Taken on Overnight Trips:  
Over the Counter and Prescription Medication

Student's Name \_\_\_\_\_ ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

I am requesting that the following medication be administered as specified below in order to maintain my child's physical health on overnight trips.

1. NAME OF MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_

TIME \_\_\_\_\_ FREQUENCY OF USE \_\_\_\_\_

2. NAME OF MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_

TIME \_\_\_\_\_ FREQUENCY OF USE \_\_\_\_\_

3. NAME OF MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_

TIME \_\_\_\_\_ FREQUENCY OF USE \_\_\_\_\_

4. NAME OF MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_

TIME \_\_\_\_\_ FREQUENCY OF USE \_\_\_\_\_

5. NAME OF MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_

TIME \_\_\_\_\_ FREQUENCY OF USE \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address

**\*All medication must be in the original container with the dosage instructions on the original label, clearly legible.**