

DISTRICT SPONSORED FIELD TRIP VERIFICATION FORM

Field Trip Group _____

Destination _____

Date(s) _____

CHECKLIST TO BE COMPLETED BY STAFF MEMBER IN CHARGE

- I have read the three policies related to Field Trips
 BP 3541.1/AR 3541.1 - Transportation for School Related Trips
 BP 5143 - Insurance
 BP 6153/AR 613 - District Sponsored Trips
- Field Trip Request Form (E(1) 6153) completed
- Swimming Supplement (E(2) 6153) completed if necessary
- Parent/Guardian Permission Waiver Form (E(3) 6153) distributed to and collected from all participants
- Adult Volunteer Waiver and Medical Authorization (E(4) 6153) distributed to and collected from all adult volunteers
- Driver Certification Form (E(1) 3541.1)
- Driver Instruction Form (E(2) 3541.1) distributed to and collected from all employee, adult volunteers and student drivers
- Appropriate insurance has been made available to students who are not covered otherwise
- Extended short-term trip coverage has been arranged
- All appropriate forms have been reviewed with the principal and will be taken with the group on the trip
- Trip Verification Form (E(5) 6153) has been submitted to the principal for signature and forwarded to the District Office for approval

Staff Member in Charge _____

I have verified that this trip meets the provisions of the Education Code and of all related District policies and regulations: 6153 - District-Sponsored Trips, 5143 - Transportation for School-Related Trips, and 3541.1 - Insurance. All related procedures have been followed by the sponsoring group and the staff member in charge, and all appropriate forms have been filed.

This trip has my authorization _____ Date _____

Principal's Signature

I have verified that the necessary arrangements for this trip have been made, including appropriate insurance

Date _____

Assistant Superintendent, Administrative Services