Instruction

School-Sponsored Trips

The Governing Board recognizes that school-sponsored trips are an important component of a student's development and supplement and enrich the classroom learning experience. School-sponsored trips may be conducted in connection with the district's course of study or school-related social, educational, cultural, athletic, school band activities, or other extracurricular or cocurricular activities. A field trip to a foreign country may be permitted to familiarize students with the language, history, geography, natural science, and other studies relative to the district's course of study.

(cf. 6143 - Courses of Study)
(cf. 6145 - Extracurricular and Cocurricular Activities)
(cf. 6145.2 - Athletic Competition)

Requests for school-sponsored trips involving out-of-state or out-of-country travel must be submitted to the Board for approved at least 30 days in advance. School-sponsored overnight trips within California must be submitted to the Superintendent for approval at least ten days in advance. School-sponsored day trips must be submitted to the principal for approval at least ten days in advance.

(cf. 3312.2 - Educational Travel Program Contracts)

The principal shall establish a process for approving a staff member's request to conduct a school-sponsored trip. When planning trips, staff shall consider student safety, objectives of instruction, the most effective use of instructional time, the distance from school, district and student expense, and transportation and supervision requirements. Principals may exclude from the trip any student whose presence on the trip would pose a safety or disciplinary risk.

(cf. 3530 - Risk Management/Insurance)
(cf. 3541.1 - Transportation for School-Related Trips)
(cf. 5142 - Safety)
(cf. 5143 - Insurance)
(cf. 5144 - Discipline)
(cf. 5144.1 - Suspension and Expulsion/Due Process)

No field trip shall be authorized if any student would be excluded from participation because of a lack of sufficient funds. The Superintendent or designee shall coordinate with community groups to supply funds for students in need. (Education Code 35330)

(cf. 1230 - School-Connected Organizations)
(cf. 1321 - Solicitation of Funds from and by Students)
(cf. 1700 - Relations Between Private Industry and the Schools)

District funds shall not be used to pay student expenses for out-of-state or out-of-country field trips or excursions. However, expenses of instructors, chaperones, and other personnel participating in such trips, as well as incidental expenses for the use of district equipment during the trip, may be paid from district funds. (Education Code 35330)

School-Sponsored Trips (Cont.)

Legal Reference:
EDUCATION CODE
8760 Authorization of outdoor science and conservation programs
32040-32044 First aid equipment: field trips
35330 Excursions and field trips
35331 Provision for medical or hospital service for pupils (on field trips)
35332 Transportation by chartered airline
35350 Transportation of students
44808 Liability when pupils not on school property
48908 Duties of pupils; authority of teachers
BUSINESS AND PROFESSIONS CODE
17540 Travel promoters
17550-17550.9 Sellers of travel
17552-17556.5 Educational travel organizations
Management Resources:
WEB SITES
American Red Cross: http://www.redcross.org
California Association of Directors of Activities: http://www.cada1.org
U.S. Department of Homeland Security: http://www.dhs.gov

Adopted: 4/78
Amended: 4/5/06, 4/18/12

Instruction

School-Sponsored Trips

Supervision

Students on school-sponsored trips are under the jurisdiction of the district and shall be subject to district and school rules and regulations.

(cf. 5131 - Conduct)
(cf. 5131.1 - Bus Conduct)
(cf. 5144 - Discipline)
(cf. 5144.1 - Suspension and Expulsion/Due Process)

The Superintendent or designee shall ensure that adequate supervision is provided on all school-sponsored trips and that there is an appropriate ratio of adults to students present on the trip. If the trip involves water activities, this ratio shall be revised as necessary.

Non-certificated adults volunteering as chaperones shall be 21 years of age or older. Chaperones shall always be under the supervision of a certificated employee. Chaperones will be assigned a prescribed group of students and shall be responsible for the continuous monitoring of these students' activities. Certificated employees and chaperones shall not consume alcoholic beverages or use controlled substances while accompanying and supervising students on a field trip. When the trip is made to a place of business or industry, the certificated employee shall arrange for an employee of the host company to serve as conductor.

Parent/Guardian Permission

Before a student can participate in a school-sponsored trip, the teacher shall obtain parent/guardian permission for the trip. Whenever a trip involves water activities, the parent/guardian shall provide specific permission for his/her child to participate in the water activities. The district shall provide an alternative educational experience for students whose parents/guardians do not wish them to participate in a trip.

All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents/guardians of students taking out-of-state field trips or excursions shall sign a statement waiving such claims. (Education Code 35330)

Safety Issues

1. While conducting a trip, the teacher, employee, or agent of the school shall have the school's first aid kit in his/her possession or immediately available. (Education Code 32041)

   Whenever trips are conducted in areas known to be infested with poisonous snakes, the first aid kit taken on the trip shall contain medically accepted snakebite remedies. In addition, a teacher, employee, or agent of the school who has completed a first aid course which is certified by the American Red Cross and which emphasizes the treatment of snakebites shall participate in the trip. (Education Code 32043)

School-Sponsored Trips (Cont.)

2. The district shall provide or make available medical and/or hospital insurance for students injured while participating in any excursion or field trip. (Education Code 35331)

   (cf. 3541.1 - Transportation for School-Related Trips)
   (cf. 5143 - Insurance)

3. If the Superintendent or designee receives threat level warnings from the Homeland Security Advisory System pertaining to the destination of a school-sponsored trip, he/she shall implement precautions necessary to protect the safety of students and staff.

   (cf. 0450 - Comprehensive Safety Plan)
   (cf. 3516 - Emergencies and Disaster Preparedness Plan)

4. Lifeguards are required for all swimming activities. If the activity is at a private pool, the owner of the pool shall provide a certificate of insurance, designating the district as an additional insured, for not less than $500,000 in liability coverage. Staff shall determine supervisory responsibilities for all chaperones.

   (cf. 3530 - Risk Management/Insurance)
   (cf. 5141.7 - Sun Safety)

5. Before trips of more than one day, the principal or designee may hold a meeting for staff, chaperones, parents/guardians, and students to discuss safety and the importance of safety-related rules for the trip.

   (cf. 5142 - Safety)

Transportation

Please refer to Administrative Regulation 3541.1 for all transportation-related issues.

(cf.3541.1 – Transportation for School-Related Trips)

Required Forms

Day Trips

Request for Field Trip form must be submitted to the site principal for approval at least ten days in advance.

Field Trip/Excursion and Medical Authorization – Minor form must be obtained in advance for all students attending the trip. Parents will be notified of transportation arrangements.

Adult Participant Field Trip/Excursion and Medical Authorization form must be obtained in advance for each volunteer adult who accompanies staff and students on the trip.

Appropriate transportation form(s).

School-Sponsored Trips (Cont.)

Overnight Trips within California

Request for Field Trip form must be submitted to the Superintendent for approval at least ten days in advance.

Field Trip/Excursion and Medical Authorization – Minor form must be obtained in advance for all students attending the trip. Parents will be notified of transportation arrangements.

Adult Participant Field Trip/Excursion and Medical Authorization form must be obtained in advance for each volunteer adult who accompanies staff and students on the trip.

Appropriate transportation form(s).

Out-of-State or Out-of-Country Trips

Request for Field Trip form must be submitted to the board at least thirty days in advance.

Field Trip/Excursion and Medical Authorization – Minor form must be obtained in advance for all students attending the trip. Parents will be notified of transportation arrangements.

Adult Participant Field Trip/Excursion and Medical Authorization form must be obtained in advance for each volunteer adult who accompanies staff and students on the trip.

Appropriate transportation form(s).

Note that Education Code stipulates that no expenses of pupils participating in a field trip or excursion to any other state, the District of Columbia, or a foreign country authorized by this section shall be paid with district funds. OUHSD may pay the expenses of instructors, chaperones, and other personnel on the trips. It should also be noted that no pupil is to be prevented from making a field trip because of lack of sufficient funds.

Adopted: 4/5/06
Amended: 4/18/12

OROVILLE UNION HIGH SCHOOL DISTRICT
2211 WASHINGTON AVE
OROVILLE, CA 95966

REQUEST FOR FIELD TRIP

Please refer to BP 6153 for deadline to submit this form for approval. Do not take your students away from school without getting prior permission from the office. Parents or guardian permissions is required for all students.

Activity: _____

Date(s): _____ Hours: _____

Location: _____

Finding Source(s): _____

Teacher Responsible for Supervision/First Aid: _____

Name Students Attending Activity (attach list if large group): _____

_____

_____

Chaperones: _____

_____

Pre-Trip Activities: _____

_____

Trip Activities: _____

_____

Post-Trip Activities: _____

_____

Additional Information: _____

_____

_____

Permission Slip Completed for Each Student? ☐ Yes ☐ No

Transportation: ☐ School Bus* ☐ Van/Suburban* ☐ Charter Bus**
☐ Employee Vehicle*** ☐ Volunteer Vehicle*** ☐ Rental Vehicle***

Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

Note: The principal's signature verifies that all district requirements for the field trip have been met.

*Submit appropriate form to the transportation department
**Company must be on board approved list
***Attach Employee/Volunteer Personal Vehicle Use Form

OROVILLE UNION HIGH SCHOOL DISTRICT

AR/E 6153 (2)

Butte Schools Self-Funded Programs **BSSP-1A**

PERMISSION FOR FIELD TRIP/EXCURSION
CONSENT TO TRANSPORT AND TREAT

Field Trips and Activities

THIS FORM MAY NOT BE ALTERED IN ANY WAY

Permission for Field Trip/Excursion

_____ has my permission to participate in the activities listed below. I fully understand the following:

1. Participation in these activities is voluntary;
2. I may revoke this permission at any time by notifying the school district in writing; and
3. Revocation is not effective until receipt is acknowledged by the school district.
4. "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for any injury, accident, illness, or death occurring during or by reason of the field trip or excursion." (California Education Code, Section 35330)
5. The field trip / excursion may include but not be limited to:

a. museums	d. public / private businesses	g. _____
b. concerts / plays	e. environmental trips	h. _____
c. libraries	f. parks	i. _____

Consent to Transport

In accordance with California Education Code Section 35350, my signature below gives permission to transport (if applicable).

Consent to Treat

In the event of illness or injury, I hereby consent to whatever X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physicians and/or dentist and performed by or under the supervision of a member of the medical staff of the hospital, facility or office furnishing medical and/or dental services.

Initial all appropriate boxes below and provide additional information where necessary.

_____ There are no special problems that the staff should be aware of and no medications are to be administered on the trip.

_____ The following medication(s) is/are to be administered on the trip: _____. A physician's written instructions on dispensing must be attached to this form. All prescriptions, excepting those which must be kept on the student's person for emergency use, must kept and distributed by the staff.

_____ My student has a special medical problem of which staff should be made aware. A description of that problem is attached to this form.

_____ No blood transfusions or blood products are to be given.

I fully understand that my student is to abide by all rules and regulations of conduct during the trip. Any violation of these rules and regulations may result in the school contacting me to arrange transportation home for my student at my full expense.

_____ _____
Signature of Parent or Legal guardian *Date*

_____ _____
Address where parent will be during field trip *Phone where parent can be reached during field trip*

_____ _____
Parent's/Guardian's Health Insurance Company / MEDI-CAL *Policy number*

OROVILLE UNION HIGH SCHOOL DISTRICT

AR/E 6153 (3)

Adult Participant
Field Trip/Excursion and Medical Authorization
Field Trips & Activities

As a participant in an Oroville Union High School District sponsored field trip, I fully understand the following:

1. Participation in these activities is voluntary.
2. I consent to a background check to ensure good moral character if volunteering to assist a certificated employee as a chaperone for minors (PC 1105.3)
3. I may revoke this authorization at any time by notifying OUHSD in writing.
4. Revocation is not effective until receipt is acknowledged by OUHSD.

As stated in California Education Code Section 35330:

"All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for any injury, illness, or death occurring during or by reason of the field trip or excursion."

Activity – Destination	Location	Departure Date/Time
		Return Date/Time

Consent to Transport

In Accordance with Education Code 35350, my signature gives permission to transport (if applicable)

Consent to Treat

In the event of illness or injury, I do hereby consent to whatever X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physicians or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

☐ Check here if there are no special problems that the staff should be aware of and no medications are required on the trip.
☐ All medications must be registered on this form with a physician's written instructions on dispensing.
☐ All prescriptions must be kept on your person.
☐ Check here if no blood transfusions or blood products are to be given. **Initial:**_____

The undersigned agrees to defend, indemnify and hold harmless the Oroville Union High School District, its Board of Trustees, officers, agents, and employees, individually and collectively, from and against all costs, losses, claims, demands, suits, actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused to the undersigned's person.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Health Insurance Company/MEDI-CAL _____ Policy Number _____

Oroville Union High School District

Employee/Volunteer Personal Vehicle Use Form

Driver Instructions

When using your vehicle to transport students on field trips or other school activity trips, please:

1. Be sure that you have registered with the District for such purposes and have a valid driver's license and current liability insurance at or above the minimum amount required by the District for each occurrence.

2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.

3. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.

4. Require each passenger to use an appropriate child passenger restraint system (child car seat or booster seat) or safety belt in accordance with the law.

5. Do not smoke a pipe, cigar, or cigarette while there are minors in the vehicle, as required by law.

6. Obey all traffic laws.

7. Take the most direct route to the destination or event without unnecessary stops.

In case of emergency, keep all the students together and call **911** and the District office at 530-538-2300.

Oroville Union High School District

Employee/Volunteer Personal Vehicle Use Form

Driver (circle one): Employee Parent/Guardian Volunteer

Name_____ Date of Birth_____
Address_____ Driver's License #_____
Telephone # ( ) _____ CDL Expiration Date_____

What activity are you driving for? _____

VEHICLE INFORMATION:

Name of Owner_____Year_____
Address_____Make_____
_____License Plate # _____
Registration Expiration _____Seating Capacity_____

INSURANCE INFORMATION:

(Minimum requirements: If this is a private vehicle the minimum limits for bodily injury liability must be $100,000 each person, $300,000 each accident and $50,000 property damage each accident. Please attach copy of insurance policy coverage page).

Insurance Company _____Policy #_____
Telephone #_____Expiration Date_____
Liability Limits of Policy_____

DRIVER STATEMENT:

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I understand I must have insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages. I understand that the District's liability policy would be used only after my policy limits have been exceeded. I understand the District does not cover, nor is it responsible for, comprehensive and collision coverage to my vehicle.

I certify that I have received and will abide by the driver instructions provided by the district.

Name_____Date_____

OROVILLE UNION HIGH SCHOOL DISTRICT

AR/E 6153 (6)

Oroville Union High School District
Accident/Incident Reporting Form
(Please print or type)

Confidential

School Site or Department:				
Today's Date:				
Name of Injured Person:				
Address:			Phone:	
Birthdate:	Student: ☐	Employee: ☐	Non-Student ☐	Other: ☐
If non-student or other, state why on premises:				
Date of Injury:	Time:		Weather Conditions?	
Location:				
Was any district rule violated?	Yes ☐	No ☐	If yes, explain:	
Description of Injury:				
Cause of Injury:				
Employee in charge at time of accident:				
Was employee present?				
Medical Attention Given:				
Were parents or guardian contacted?	Yes ☐	No ☐	If yes, who?	
Disposition of injured person:	Class ☐	Home ☐	Doctor ☐	Hospital ☐
Witness Name:			Phone:	
Report completed by:			Phone:	

AR/E 6153 (7)

OROVILLE UNION HIGH SCHOOL DISTRICT

BILL TO: _____ ORG. KEY _____

(Dept., program, etc.)

REQUEST FOR TRANSPORTATION

THIS FORM MUST BE RECEIVED BY TRANSPORTATION A MINIMUM OF TWO WEEKS PRIOR TO ACTIVITY.

This form is to be completed by the instructor or advisor requesting transportation for field trips, student body trips, or any similar activities. It should be forwarded to the principal for approval, and he/she will send it to the transportation department.

SCHOOL _____ ORGANIZATION/CLASS/TEAM _____

DESTINATION (be specific) _____

PURPOSE OF TRIP _____

LEAVING FROM (specific location) _____

Will depart for destination: Date _____ Time _____

Wish to arrive there: Date _____ Time _____

Wish to leave for home: Date _____ Time _____

Wish to arrive at home: Date _____ Time _____

DESIRED STOPS ENROUTE (comfort, interest, etc.) _____

NUMBER OF PASSENGERS _____ TYPE OF TRANSPORTATION: Bus _____

_____

Signature of staff member requesting transportation Date

_____

Signature of staff member designated to ride bus other than Instructor. Date

APPROVED:

_____

Principal Date Transportation Date

TRANSPORTATION DEPARTMENT USE ONLY

REPORTED FOR DUTY _____AM/PM DROVE ROUTE AM ☐ PM ☐ 2ND PRE-TRIP INSPECTION ☐

BUS NO._DRIVER_____ SPEEDOMETER: OUT _____ IN _____ TOTAL MILES_____

DRIVING TIME: _____AM/PM **TO** DRIVING TIME:_____AM/PM

STAND-BY TIME: _____AM/PM **TO** STAND-BY TIME: _____AM/PM

DRIVING TIME: _____AM/PM **TO** DRIVING TIME: _____AM/PM

STAND-BY TIME: _____AM/PM **TO** STAND-BY TIME: _____AM/PM

DRIVING TIME: _____ AM/PM **TO** DRIVING TIME: _____AM/PM

I CERTIFY THE ABOVE TIMES ARE CORRECT

_____

Signature of Driver

OROVILLE UNION HIGH SCHOOL DISTRICT

Oroville Union High School District **AR/E 6153 (8)**

BILL TO:_____ **ORG. KEY:** _____
(dept., program, etc.)

SUBURBAN - VAN
REQUEST FOR TRANSPORTATION

THIS FORM MUST BE SUMITTED TO TRANSPORTATION A MINIMUM OF TWO WEEKS PRIOR TO ACTIVITY

This form is to be completed by the instructor or advisor requesting transportation for field trips, student body trips, or any similar activities. It should be forwarded to the principal for approval, and he/she will send it to the transportation department. After the transportation department has approved it, a copy will be returned to the faculty member as verification that the trip has been approved and scheduled.

SCHOOL_____ **ORGANIZATION/CLASS/TEAM**_____

DESTINATION (be specific)_____

DESIRED STOPS _____

LEAVING FROM (specific location)_____

Will depart for destination: Date_____ Time _____

Wish to arrive at home: Date _____ Time _____

NUMBER OF PASSENGERS _____

_____
Signature of staff member requesting transportation Date

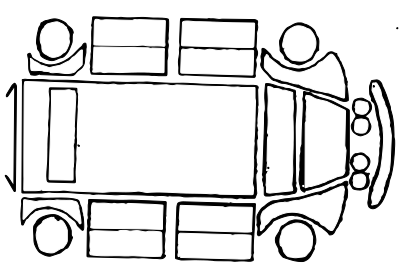
NOTE: When a suburban or van is used, the staff member whose name appears above will drive the vehicle unless another district employee is named and approved by principal.

_____
Signature of staff member designated to drive vehicle other than instructor Date

APPROVED: _____
Principal Date Transportation Date

Drivers Note: Please fill in the blank spaces below

VEH. NO._____ **DRIVER** _____ **SPEEDOMETER: OUT** _____ **IN** _____ **TOTAL MILES** _____



VEHICLE CONDITION - OUT_____ **IN** _____
DRIVERS INITIAL INSPECTOR INITIAL

OUT **IN**

OUTSIDE: _____

INSIDE: _____

DATE: _____

INSPECTED BY: _____