

Requisition # \_\_\_\_\_

**FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT  
SCHOOL SPONSORED TRIP REQUEST FORM**

Check one:

- Overnight Field Trip Request (**within state only**). Include itinerary. One night or more needs four weeks advance notification to transportation and the Assistant Superintendent of Education Services. Board approval NOT required.
- Extended Field Trip Request: Include itinerary. **Out of state**, one or more days – **with fundraising** – needs Board approval two months in advance.
- Extended Field Trip Request: Include itinerary. **Out of state**, one or more days – **with no fundraising** – needs Board approval one month in advance.

The Health Office requires board- approved trip request notification at least two weeks in advance to review student Health Requirements and facilitate necessary medical orders and staff training before the trip. Trip organizers are responsible for submitting a list of attending and non-attending Parents/Guardians to the Health Office two weeks prior to the trip.

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Grade Level/Department: \_\_\_\_\_ Sponsor's Signature: \_\_\_\_\_

Event/Activity: \_\_\_\_\_ Destination: \_\_\_\_\_

Number of students: \_\_\_\_\_ # of school days missed: \_\_\_\_\_ Dates of Event/Activity: \_\_\_\_\_

**Type of Field Trip:**

- Required Field Trip (available to all students)
- Enrichment Field Trip (student may be responsible for transportation and admission charge)
- Extra-Curricular Field Trip (student may be responsible for transportation and admission fees)

**Linkage to Curriculum (the number of State Standards addressed):**

\_\_\_\_\_

**Number of Chaperones:** (*a minimum of two chaperones shall accompany students on school sponsored trips AND an adult to each 17 students is required*):

- Certificated Personnel Attending the Trip:
- Medical: Administrator Designee if Teacher/Organizing Staff is unwilling (see Health Office notes):**
- Parent or other volunteer must complete Employee/Volunteer Personal Vehicle Use Form) Ed Code 35330:

**Means of Transportation:**

- Bus: School District
- Bus: Private (name of company) \_\_\_\_\_
- Air: (name of company) \_\_\_\_\_
- Private Car (school personnel) School personnel must complete Employee/Volunteer Personnel Vehicle Use Form
- Private Car (non-employee) Parent or other volunteer must complete Employee/Volunteer Personal Vehicle Use Form and a a Volunteer Category II form which requires a copy of negative TB test and cleared fingerprints. Ed Code 35330

**Accommodations:**

- Host families
- Motel/Hotel: Name and address: \_\_\_\_\_
- Gymnasium, Public Facility: Location \_\_\_\_\_
- Other: \_\_\_\_\_

**Financial arrangements:**

\$ \_\_\_\_\_ Cost for each student i.e., transportation, admissions

Number of sub days: \_\_\_\_\_

How is trip going to be financed \_\_\_\_\_

If financial goal is not reached, what method is planned to return money to participants: \_\_\_\_\_

\_\_\_\_\_  
Principal or Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Asst. Superintendent of Education Services

\_\_\_\_\_  
Date

Must include itinerary

Revision 08/2024 S Buck

**Please obtain the following information from your school Health Office: attach health documentation to the request form.**

- One or more students have prescription/over-the counter medication(s) in the health office (If checked, one willing and **trained** staff member needs to attend the field trip or the student’s parents (if they are willing/available)
- One or more students list taking medications at home on the trip permission slip
- One or more students have health care plans on file related to diabetes/seizures/anaphylaxis If checked, one willing and **trained** staff member needs to attend the field trip or the student’s parents (if they are willing/available)
- One or more students have specialized procedures and will require additional licensed personnel to attend

Teacher(s)/Admin	Medication Administration Volunteer (Rx and OTC)		Epi-Pen Volunteer		Emergency Seizure Medication Volunteer		Emergency Diabetes Medication Volunteer	
	Yes	No	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(A School Nurse must provide in-person training for staff acting as the medical personnel on Field Trips)

