

Field Trip Planning Form

This form is to be used when students take any trip off campus for school purposes.

School: _____ Grade(s): _____ Class/Activity Group/Team: _____
 Teacher/Sponsor/Coach: _____ Cell Phone Number: _____
 Person trained with current medication administration training CPR/FA/AED credential _____

Destination Venue, Location and State: _____

Trip Location Contact Person: _____ Phone Number: _____

Teachers: _____ # Students: _____ # Chaperones: _____ Adult/Student Ratio: _____

<p style="text-align: center;">Date(s) & Times</p> Departure Date: _____ Time: _____ AM/PM Return Date: _____ Time: _____ AM/PM	<p style="text-align: center;">Cost</p> Total Cost: \$ _____ Funding Source: _____ Fee to be assessed to students: \$ _____ <i>Attach Student Activity Cost Form 09.15 AP.23</i>	<p style="text-align: center;">Transportation</p> <input type="checkbox"/> District Bus/Van <input type="checkbox"/> Charter Bus: _____ Approved Bid – Company Name <input type="checkbox"/> Other: _____ <i>Attach a copy of Charter Bus Contract.</i>
Meals	At school prior to departure <input type="checkbox"/> Student Packed <input type="checkbox"/> Location where packed lunches will be consumed: _____ School Cafeteria Packed <input type="checkbox"/>	
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location: _____ Name & Location: _____
Over Night	Date: _____	Lodging: _____
	Date: _____	Lodging: _____

Trip Purpose and Core Content/learning targets: _____

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: _____

If any medication is listed on the parent permission form, someone must be identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to Central Office for Board consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized.

Name of trained administrator(s) of routine and emergency medications: _____

School Nurse Initials: _____ for verification that medications administrator listed above received training.

Due Date: _____ to turn in Roster and completed Parent Permission Slips for nurse's final review.

The following items have been completed or are in process. **(Teacher/Sponsor/Coach must initial below)**

- _____/N/A/ I have viewed the field trip video for teachers/sponsors/coaches found on the district website
- _____ I have attached an anticipated Trip Itinerary
- _____ I have evaluated the trip site for potential hazards/special requirements
- _____ I have an event-specific emergency action plan for the trip site and will distribute to all personnel attending the event in an official capacity.
- _____ Funds have been secured for indigent students
- _____ If needed, background checks for chaperone approval have been initiated
- _____ Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for KY trips and states where approved, nurse, or parent attending):

Teacher/Sponsor/Coach Signature: _____ Date: _____

School-Related Student Trip Request Form

**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)
FOR
ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**

Destination/Venue _____

Venue Address _____

Person or email contacted at venue to discuss EAP _____

Position/Title of person contacted _____

Date (s) of contact _____

Is there an Automatic External Defibrillator (AED) on site yes no? Is it regularly maintained? yes no? If yes, where is it located? _____

Does venue have an emergency response team (ERT) yes no?

Process to request AED and/or ERT if needed at the scene _____

Will a portable AED be taken from school on this trip yes no? If yes, who will be responsible for oversight and location of AED? _____

Is any other assigned emergency equipment available on field trip? yes no

If so, list location of equipment _____

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- Location of AEDs.
- If possible, how to gain access.
- Steps that must be taken quickly to initiate the chain of survival.
 - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing).
 - Call 911 using cell phone or other means of communication.
 - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute).
 - Retrieve and use the nearest AED.
 - Continuing supporting the victim until the local EMS arrives and takes over care; and
 - Direct EMS to the scene.

○ **APPROVAL SIGNATURES REQUIRED**

○ **CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES**

○ Principal: _____ Date: _____

○ Required for all trips

○ Superintendent/Designee: _____ Date: _____

○ Overnight Trips

○ Board of Education: _____ Meeting Date: _____

○ Submit forms to Superintendent/Designee for review and submission to the Board for approval.

○ Travel outside the Tri-State area of KY, OH, IN

○ Common Carrier contract including cost

○ Common Carrier Transportation Reason for using a Charter Bus/Plane: _____

○ *All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.*

School-Related Student Trip Request Form**UPON APPROVAL, THIS FORM WILL BE RETURNED FOR FINAL PREPARATIONS**

- Provide a copy of this approved form to the bookkeeper and request Purchase Orders for all expenses
 - Make reservation with the venue
 - Make transportation arrangements
 - Send out completed principal approved Parent Permission Forms.
 - Confirm receipt of Parent Permission Forms & authenticate signatures. Send reminders, if needed.
 - Collect fees using the Multiple Receipt Form and turn funds into the Bookkeeper daily.
 - Confirm parents requesting to chaperone are on the approved list and begin assignment of chaperones to students. Parents of students who require emergency and/or routine medications should be invited to chaperone if they are on the approved list.
 - Consult with Cafeteria Manager on lunch arrangements, including number of students that will be out of the building if lunch is not provided through the Cafeteria.
 - Two weeks prior to the trip date, submit a student roster and all completed parent permission slips to the School Nurse for medications and/or specific adaptations approval. Confirm that personnel trained in medication administration, as needed and CPR/FA/AED will attend. Name of trained personnel _____ Cost for nursing, if applicable, shall be arranged and paid by the school.
- School Nurse Signature: _____ Date: _____

ON THE DAY OF THE TRIP

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Provide chaperone orientation (video, etc.) <input type="checkbox"/> Provide office with a list of chaperones & cell numbers <input type="checkbox"/> Take student medications in original labeled bottle <input type="checkbox"/> Take parent permission slips with you on the trip <input type="checkbox"/> Give office copies of all parent permission slips (Retain for one (1) year) | <ul style="list-style-type: none"> <input type="checkbox"/> Post attendance prior to leaving <input type="checkbox"/> Take student lunches (if applicable) <input type="checkbox"/> Take classroom emergency kit <input type="checkbox"/> Take required payments <input type="checkbox"/> Provide copy of event specific EAP to all personnel attending in an official capacity, including cell numbers for all |
|--|--|

School-Related Student Trip Parent Permission Form

Student: _____ Trip Destination/Location: _____

School: _____ Class/Activity/Team: _____

Times		Cost		Transportation
Departure Date: _____ Time: _____ AM/PM Return Date: _____ Time _____ AM/PM		Student Fee: \$ _____ Adult Fee: \$ _____ Due Date: _____		District Bus/Van <input type="checkbox"/> Charter Bus <input type="checkbox"/> Other <input type="checkbox"/> _____
Meals	At school prior to departure <input type="checkbox"/>		Student Packed <input type="checkbox"/>	School Cafeteria Packed <input type="checkbox"/>
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location: _____ Name & Location: _____		
Over Night	Date: _____	Lodging: _____		
	Date: _____	Lodging: _____		

Teacher/Sponsor/Coach Signature

Principal Signature

My Child, _____ has permission to participate in this school trip.

All District and school policies shall be followed on this trip including chaperone assignments for both day and overnight trips, adult/student ratios, transportation guidelines, and behavior expectations/dress codes as outlined in the District's Code of Conduct and Expected Behavior. An event-specific emergency action plan has been developed to use in the event of a medical emergency, which may include the provision of a portable AED.

If the Board determines that world, national, or local events pose a potential threat to student safety, student trips shall be cancelled. In such a cancellation, the Board shall not authorize the use of District or building funds to reimburse any expenses not covered by cancellation insurance. All losses will be assumed by the parent/guardian. Please initial to indicate that you have read and understand the conditions of this clause. _____ (Parent/guardian Initials)

If checked, it is recommended that the parent/guardian secure cancellation insurance. Information attached.

Should there develop a medical emergency that requires attention beyond first aid, every attempt will be made to contact the parent or guardian via the numbers listed below. However, in circumstances where timing is critical and/or communication problems develop, a student's life could be threatened by lack of medical attention. To avoid circumstances of this nature, please complete the following statement:

In cases of a medical emergency, as deemed by a physician and according to the procedures described above, I, as the parent/legal guardian, do hereby give my consent for the administration of medical treatment, including dental, medicines, inoculation, and/or surgical procedures deemed necessary to my child's health and safety.

Home Phone: _____ Address: _____

Mom (work): _____ (cell): _____ Dad (work): _____ (cell): _____

Family Doctor: _____ Phone: _____ Hospitalization Card #: _____

Name of Medical Insurance Carrier: _____

Allergies and/or reactions to drugs: _____

Medications currently taking: _____

Medications needed on this trip: _____

Who will be administering these medications? _____

Parent/Guardian Signature: _____

ALL MEDICATIONS NEEDED ON THIS TRIP REQUIRE A BOONE COUNTY ADMINISTRATION OF MEDICATION FORM TO BE ON FILE AT THE SCHOOL.

Failure to provide complete, signed form will exclude the student from participating. Phone permission will not be accepted. Please review the student and chaperone tips on the back of this form with your student.

(OFFICE USE – NURSE INITIALS – For Review of Completed Parent Signed Permission Slip _____)

School-Related Student Trip Parent Permission Form**STUDENT TIPS:**

- Be focused on education during classroom trips
- Be focused on the team during activity/athletic trips
- Listen to adults
- Stay with your assigned group
- Use sidewalks
- Walk on left facing traffic
- Obey signals and use crosswalks
- No valuables/electronic devices
- Make sure cell phones are turned off – same as in school
- Use good manners, follow all rules, and respect all
- Stay seated and quiet on buses/vans

CHAPERONE TIPS:

- Allow time to have required background check prior to the trip as all chaperones must be pre-approved to participate in school trips
- No siblings may participate
- Follow the provided agenda
- Always stay with your assigned group
- Maintain a head count of your student group getting off and on buses/vans
- Spread out among students
- Medical and other issues are confidential
- No smoking
- Report on time to arranged meeting places
- Monitor restroom visits
- Follow all rules of the site
- Supervise students
- Observe traffic signals and use crosswalks
- Monitor bus/van behavior
- Set cell phone to vibrate and limit cell phone use to emergency only
- Be aware of hazards
- Support teacher by supporting assignments that need to be completed
- Review and keep copy of Emergency Action Plan

Review/Revised: 11/09/23