



North Middlesex Regional School District

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Field Trip Protocol

Updated: 8/19/2024

Purpose

The purpose of this protocol is to provide for the safety and appropriate medical management of all North Middlesex Regional School District students when they participate in school sponsored field trips. This includes during the school day, overnight, out of state and non school day field trips. Field trips are a valuable educational experience. All students, including students with special healthcare needs, have the right to participate in field trips.

Rationale

All students, including students with special healthcare needs, have the right to participate in school-sponsored trips (also referred to as field trips). School nurses must serve a role in the planning and coordination for all school-sponsored trips, including those off school grounds, so that all students remain healthy and safe. This planning process includes making accommodations for health care needs, determining required medications and treatments, and preparing for potential emergencies. (DPH Field Trip Toolkit, 2015)

Procedure

Field trips can be day trips (including walking trips), in-state or out-of-state/overnight or during non school days. Field trips are planned by teachers and follow a protocol for the planning and execution of them.

- [Field Trip Coordinator Checklist](#)- the field trip coordinator (FTC) will access the FTC checklist from the main office or shared drive. The nurse will be notified in the beginning planning stage of the field trip.
- [School Nurse Field Trip Checklist](#) - the nurse will refer to the school nurse checklist.
- After all signatures are received and date confirmed, teachers will send home to parents [Field Trip Medical Emergency Permission form](#) to the FTC checklist timeframe
- Medication Form for overnight, out of state or non school day field trips will be sent home for all overnight, out of state and non school day field trips according to the FTC checklist timeframe
- Nurse will receive permission forms of students going to field trip according to time frame
- Nurse and FTC will meet and discuss students' health concerns, med delegation (if a nurse is not required for the field trip) and any other concerns.
- Upon return from the field trip, FTC and the nurse will review the trip and document accordingly.

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School Nurse Field Trip Preparation Checklist

- Review Field Trip approval form with Principal.
- Confirm Field Trip Coordinator (FTC) has a Field Trip Coordinator checklist from the main office/shared drive.
- Review/Sign Field Trip Emergency Medical Authorization form, including list of all participating students.
- Identify any health related concerns as well as accessibility issues for all students.
- Review IHCPs and 504 Accommodation Plans for field trip planning needs.
- Determine whether parents/guardians of students with medical needs plan to accompany the field trip.
- Notify FTC and the school secretary if a nurse is required on the trip.
- Prepare necessary forms for documentation of medication administration and other treatments. Include copies of Emergency Action Plans and IHCP's as needed.
- At least 2 weeks before day FT and at least 45 days before overnight FT: Collect Field Trip Medical Emergency Forms from FTC.
- At least 2 weeks before overnight FT: Collect medications from parents.
- One week prior to FT: If a nurse is not required for the FT and medication is required to be administered, arrange training for Med. delegation with FTC.
- Prepare First Aid Kit
- Day of Field Trip: Review medical concerns, medication administration and treatment plans, and emergency protocols with Field Trip Nurse, or with staff member(s), as allowed by FERPA.
- Field Trip Nurse must provide a cell phone number to FTC and staff/chaperones for ongoing consultation for all student health concerns.
- Confirm parents/guardians' written consent for medication administration per the Field Trip Emergency Medical Authorization Form (per CMR 105. 210).
 - Train staff members in epinephrine/medication administration and document training (per CMR 105. 210).
 - Following the FT: Follow up with FTC to collect meds, first aid kit, all forms including med orders, Emergency Action Plans, parent contact info

[School Nurse Field Trip Checklist](#)

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Field Trip (FT) Coordinator Checklist

- Check with the Principal or Assistant Principal **and** Nurse regarding your idea for FT **at least 2 months prior** to FT for day trips, including walking trips, and **at least 3 months prior** to FT for overnight, out of state trips or trips on a non-school day (weekend or school break).
- Check the school calendar and with fellow staff for any date conflicts before scheduling your trip.
- Notify the office if coverage is needed for anyone attending the FT. The nurse will get his/her own coverage. **However, if the nurse cannot get coverage, the field trip will need to be scheduled on another day.**
- Contact the bus company for a bus quote. (Dee bus (978) 597-2860). Make sure you have the following information when you call:
 - Date/Time of FT - departure from school & return to school times
 - Location of FT, including address
 - # students
 - # adult chaperones
- Confirm the bus availability once you receive your quote. Divide cost of bus by the # students = cost/student for the bus.
- Once the bus is scheduled and FT is confirmed with both the location and the bus company, fill out an [In-State Field Trip Request Form](#); [Out of State/Overnight/Non school day Field Trip Request Form](#). Please be sure it is filled out completely.
- Submit your FT Request Form to your school secretary who will update the calendar and forward the form to the school nurse and Principal for approval. A copy will then be sent to the Superintendent.
- At least 3 weeks before FT and 2 months before an overnight, out of state or non school day FT: Send home parent permission slip ([Field Trip Medical Emergency Permission form](#)) and the Behavior Contract (if needed). Be sure to include a Lunch Order form for all single school day field trips. Plan out where you will be having lunch.
- Identify chaperones. Remind parents to check with the school secretary to ensure their CORI status is current at least 2 weeks prior to FT.
- Notify your cafeteria manager regarding FT date and grade(s) involved.
- Discuss as a team/grade plans for students not attending FT.
- Collect money - store in school safe; fill out student activity deposit slips.

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- 2 weeks before FT: Let the office know when you are paying for the FT and secure a check.
- At least 2 weeks before a day FT and 45 days before an overnight, out of state or non school day FT: Give the nurse the completed Field Trip Medical Emergency Forms. Provide a list of students who are attending the FT to both the nurse and the secretary.
- One week prior to FT: If a nurse is not required for the FT and medication is required to be administered, arrange training for Med. delegation with your school nurse.
- 2 days prior to FT: Give the office a list of students who will **not** be attending the FT and what arrangements have been made for them. The office will mark the students' attendance accordingly.
- Day before FT: Review all medical concerns of students on trip with the nurse.
- Day of FT before departure: Pick up student medical forms, necessary meds incl. Epi pens and first aid kit.
- Following FT: Report to nurse any concerns, return Epi pens and empty med. bottles and shred all the students' permission forms.

[Field Trip Coordinator Checklist](#)

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North Middlesex Regional School District
In-State Field Trip Request Form
(allow at least 2 months for planning)

School: _____ Grade/Course: _____
Field Trip Coordinator: _____ Today's Date: _____
Field Trip: _____ FT Date(s): _____
Location of Field Trip:
Destination: _____
Address: _____
Contact: _____
Phone #: _____

Location of nearest medical facility for emergency care: _____

Educational relevance of trip to curriculum: _____

Time of Departure: _____ Time of Return: _____
of students attending: _____
Transportation cost/student: _____ Other fees: _____
Total cost/student: _____ # students: _____
chaperones: Teachers: _____ Volunteers: _____ Total chaperones: _____
substitutes needed for teacher coverage in school: _____
Transportation provided by: _____

Are there any provisions for students who are unable to afford FT?: Yes No

To be completed by School Nurse

Nurse needed on FT: Yes No

Supervisor of Health Services notified?: Yes No

Field Trip Coordinator Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

[In-State Field Trip Request Form](#)



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North Middlesex Regional School District
Out of State/Overnight/Non school day Field Trip Request Form
(allow at least 3 months for planning)

School: _____ Grade/Course: _____
Field Trip Coordinator: _____ Today's Date: _____
Field Trip: _____ FT Date(s): _____

Location of Field Trip:

Destination: _____
Address: _____
Contact: _____
Phone #: _____

Location of nearest medical facility for emergency care: _____

Educational relevance of trip to curriculum: _____

Time of Departure: _____ Time of Return: _____
of students attending: _____
Transportation cost/student: _____ Other fees: _____
Total cost/student: _____ # students: _____
chaperones: Teachers: _____ Volunteers: _____ Total chaperones: _____
substitutes needed for teacher coverage in school: _____
Transportation provided by: _____

Are there any provisions for students who are unable to afford FT?: Yes No

To be completed by School Nurse

Nurse needed on FT: Yes No
Supervisor of Health Services notified Yes No

Field Trip Coordinator Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

[Out of State/Overnight/Non school day Field Trip Request Form](#)

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**North Middlesex Regional School District
Field Trip (FT) Medical Emergency Permission Form**

School: _____
Field Trip Coordinator: _____
Field Trip: _____ FT Date: _____

Student's Name: _____ DOB: _____

Address: _____

History of: Diabetes Asthma Seizures

Other medical conditions: _____

Allergies: Yes No please list: _____

Epinephrine: Yes No **Inhaler:** Yes No

Medical needs/conditions on Field Trip: Yes No

Comments: _____

*For day field trips during school hours, prescribed scheduled medication given during the school day will be administered **unless** noted here:

do not give my child his/her scheduled medication while on FT

*For FT that are overnight/out of state or non school day, please fill out the [Medication Form for Overnight Field Trips](#) [Field Trip Medical Emergency Permission form](#)

In Case of Emergency, the following individuals may be contacted: (please print)

1. **Name:** _____ **Phone #:** _____

2. **Name:** _____ **Phone #:** _____

Health insurance: _____ **Policy #:** _____

Physician: _____ **Phone #:** _____

My signature below indicates that I agree to the following:

I hereby give permission for my child to be transported and to participate in all activities on this field trip. I give permission for school personnel to transport my child to a medical facility and to secure emergency medical treatment for my child, if necessary.

Parent/Guardian signature: _____ **Date:** _____

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**North Middlesex Regional School District
Medication Form for Overnight Field Trips**

****This form is for medication that must be given on the field trip and will require a doctor's order (if not already on file in the nurse's office)****

Field Trip: _____ Dates: _____

Student's Name: _____

1. Name of Medication: _____
Dose: _____
Time to be given: _____
Reason for medication: _____
Possible side effects: _____

2. Name of Medication: _____
Dose: _____
Time to be given: _____
Reason for medication: _____
Possible side effects: _____

3. Name of Medication: _____
Dose: _____
Time to be given: _____
Reason for medication: _____
Possible side effects: _____

- ***Please make a copy of this form for > 3 medications.***

All medications must be brought in by an adult in the original prescription bottle or pharmaceutical container at least 2 weeks prior to the field trip.

Please contact the school nurse if you have any questions.

I give my permission for the nurse or designated chaperone(s) to administer the above medications to my child on this trip.

Parent/guardian Signature _____ Date _____

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North Middlesex Regional High School Student Field Trip Permission Form

To Student: Parents must provide emergency medical information on the reverse side of this form. Student's without a completed form prior to this activity will NOT be permitted to attend.

FIELD TRIP: _____ DATE: _____

STUDENT'S NAME: _____ GRADE: _____

TYPE OF TRANSPORTATION: _____ STUDENT'S COST: \$ _____

NAME OF TEACHER/SPONSOR: _____

ACTIVITY DESCRIPTION/PURPOSE: _____

TEACHER ACKNOWLEDGEMENT: *Student understands that all work missed on the day of this activity must be made up promptly (see "Make-up Policy" in the Student Handbook).*

Teacher Name: _____ Make up Work _____ Initial: _____

A: _____

B: _____

C: _____

D: _____

PRIVATE TRANSPORTATION:

***I Absolve the North Middlesex REgional School District of all liabilities when my child is transported in a private vehicle driven by the following teacher/student/chaperone(s):**

Name:

Please circle one: Teacher Student Chaperone

Parent/Guardian Signature of Approval: _____ Date: _____

Please Provide Medical Emergency Information on Reverse Side



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North Middlesex Regional School District
Field Trip (FT) Medical Emergency Permission Form

School: _____
Field Trip Coordinator: _____
Field Trip: _____ FT Date: _____

Student's Name: _____ DOB: _____
Address: _____

History of: Diabetes Asthma Seizures

Other medical conditions: _____

Allergies: Yes No please list: _____

Epinephrine: Yes No **Inhaler:** Yes No

Medical needs/conditions on Field Trip: Yes No

Comments: _____

*For day field trips during school hours, prescribed scheduled medication given during the school day will be administered **unless** noted here:

do not give my child his/her scheduled medication while on FT

*For FT that are overnight/out of state or non school day, please fill out the [Medication Form for Overnight Field Trips](#) [Field Trip Medical Emergency Permission form](#)

In Case of Emergency, the following individuals may be contacted: (please print)

3. Name: _____ **Phone #:** _____

4. Name: _____ **Phone #:** _____

Health insurance: _____ **Policy #:** _____

Physician: _____ **Phone #:** _____

My signature below indicates that I agree to the following:

I hereby give permission for my child to be transported and to participate in all activities on this field trip. I give permission for school personnel to transport my child to a medical facility and to secure emergency medical treatment for my child, if necessary.

Parent/Guardian signature: _____ **Date:** _____