

## FIELD TRIP CHECKLIST

Timeline	√	Action
		Check master calendar
1 month in advance		<p><b><u>OVERNIGHT TRIPS ONLY:</u></b>            Email criteria for attending trip to the principal. The following information must be included for School Board approval:</p> <ul style="list-style-type: none"> <li>o <i>Description of Field Trip</i></li> <li>o <i>Funding for the Trip + Total Cost</i></li> <li>o <i>Chaperones Names*</i></li> <li>o <i>How many students will attend</i></li> </ul> <p>*All Chaperones must be fingerprinted for the District through the Classified Personnel Office. Approval has to be given by Mr. Grimnes</p>
1 month in advance		CHS Permission/Release for Field Trips English and Spanish with Medical on back
1 month in advance		Trip Request form with funding source (budget string) *Please give to Rachel ASAP to reserve bus/vehicle
1 month in advance		If you are using non-District transportation, you must have the following forms completed and turned in so they can be sent to the Transportation Department
		<ul style="list-style-type: none"> <li>o Permission for Student to be Transported in Privately Owned Vehicle</li> </ul>
		<ul style="list-style-type: none"> <li>o Use of Privately Owned Vehicles</li> </ul>
		<ul style="list-style-type: none"> <li>o Contract (if there is one) Charter transportation must be approved by School Board prior to entering a contract.</li> </ul>
2 weeks in advance		Notify all Teachers, Attendance, and Nurse of Field Trip <ul style="list-style-type: none"> <li>● Nurse will review list of names for possible medications needed</li> <li>● Students get signature from each period teacher. This half sheet needs to be with your roster of students attending the field trip the day you leave.</li> </ul>
1 week in advance		If requesting breakfast or lunch, please call the cafeteria at ext. 2915 to coordinate.
2 days in advance		Give Attendance a list of students who have been denied. Remember to list where the students can be located if you don't have a substitute.
1 day in advance		Get medication from Nurse before you depart.
Field Trip day		Take Attendance before you leave the school. Turn in Roster to attendance with ½ sheets of each attendee

# Trip Request

Requesting School: \_\_\_\_\_

Activity: \_\_\_\_\_

BUDGET:

\_\_\_\_\_

Pick Up Location & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Destination Location & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dropoff Location & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date & Time:

\_\_\_\_\_

End Date & Time:

\_\_\_\_\_

Number of Students: \_\_\_\_\_

Total Number of Passengers: \_\_\_\_\_

# of Wheelchairs: \_\_\_\_\_

Trip Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Vehicles:

- Bus
- Van
- Truck
- Expedition
- Personal Vehicle
- Walk

**\*\*Any Special instructions or notes must be attached to the request\*\***

Estimated Expenses | Additional Information

Requesting School/Org.  Bill To

Activity  Trip for Competitive Event?  Y  N

Stop Type	Location	Address	City	State	Zip	MapSource
Pickup	<input type="text"/>	<input type="text"/>	Lompoc	California	93436	Google
Destination	<input type="text"/>	<input type="text"/>	Lompoc	California	93436	
Dropoff	<input type="text"/>	<input type="text"/>	Lompoc	California	93436	

+ Add Additional Stop

Intermediate Stops							
#	Stop Type	Destination	Address	City	State	Zip	Delete
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Lompoc	California	93436	

Start Date Time  End Date Time

Overnight Trip  Y  N

Trip on Approved List?  Yes  No

# of Male Students  # of Female Students

# of Students  # of Adults

Total No. of Passengers  Preferred Vehicles

Driver(s) furnished by Transportation?  Y  N # of Drivers

Vehicle(s) furnished by Transportation?  Y  N # of Vehicles

Requestor  Trip Supervisor

Trip Supervisor's Email (max 512 characters)  Trip Supervisor's Phone

# of Wheel Chairs  Special Instructions

# of Car Seats

Override Key  Comments

- Need destination
- Date – with start and end time
- Main point of contact with phone number and email
- Number of chaperones (district expects 15:1 for chaperones)
- Number of students attending
- How is it being paid (budget)
  - If we need to invoice and be reimbursed from an entity, such as a museum trip, please provide all contact information
- What type of vehicle are you requesting (van, school bus, personal vehicle, charter bus, walking)
  - If using personal vehicle, then need Driver License number and insurance carrier
- If overnight, all chaperones need to be fingerprinted through Classified HR
- If there are any special directions, please let it be known so these can be added in comments right away

PERMISSION/RELEASE FOR FIELD TRIPS

CABRILLO HIGH SCHOOL  
4350 Constellation Road  
Lompoc, CA 93436

Dear Parent(s)/Guardian(s):

You may give permission for the school authorities to supervise an activity. This means that the principal of the school gives the permission for a duly-appointed instructor to accompany and to supervise the activity to which your son/daughter will attend. It is the responsibility of the appointed instructor, as a delegate of the school, to maintain reasonable and responsible supervision at all times.

\_\_\_\_\_  
Brian Grimnes, School Principal

-----  
ACTIVITY: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

TIME/DATE OF DEPARTURE: \_\_\_\_\_

TIME/DATE OF RETURN: \_\_\_\_\_

TYPE OF TRANSPORTATION: \_\_\_\_\_

FACULTY/PARENT(S) IN CHARGE: \_\_\_\_\_

By signing your name, you indicate to the administration of Cabrillo High School that you give your permission for your son/daughter to attend the supervised activity described above.

1. We understand that all rules and regulations of Cabrillo High School are to be adhered to.
2. In case of an emergency, I/we authorize a responsible representative of Cabrillo High School to take our son/daughter to the nearest hospital for medical attention and to initiate any medical attention necessary by authorized personnel.
3. Student's medical/health information completed on reverse side of this form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Medical Information**

Student's Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

Parent or Legal Guardian Name(s) \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_ (home)

\_\_\_\_\_ (cell)

\_\_\_\_\_ (work)

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contact if parents cannot be reached \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_ (home)

\_\_\_\_\_ (cell)

\_\_\_\_\_ (work)

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Insurance Policy # \_\_\_\_\_ Phone \_\_\_\_\_

**Student Health Information**

Is student taking any medication on a regular basis? \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

If yes, please list drug name, dosage and interval: \_\_\_\_\_

\_\_\_\_\_

Please list any allergies or know drug reactions: \_\_\_\_\_

\_\_\_\_\_

Please list any medical condition, which you feel should be known: \_\_\_\_\_

\_\_\_\_\_

Contact Lenses \_\_\_ Yes \_\_\_ No      Orthodontic Appliances \_\_\_ Yes \_\_\_ No

Date of Last Tetanus Booster Shot:      Month \_\_\_\_\_ Year \_\_\_\_\_

Comments \_\_\_\_\_

## PERMISO PARA LOS PASEOS

ESCUELA SECUNDARIA CABRILLO  
4350 Constellation Road  
Lompoc, CA 93436

Estimados Padres/Apoderados

Ustedes pueden dar permiso para que las autoridades escolares supervisen una actividad. Esto significa que el director escolar da permiso para que un instructor asignado acompañe y supervise la actividad a la cual asistirá su estudiante. Es la responsabilidad del instructor, como delegado de la escuela, mantener supervisión razonable y responsable en todo momento.

\_\_\_\_\_  
Brian Grimnes, Director

-----  
ACTIVIDAD: \_\_\_\_\_

NOMBRE DEL ESTUDIANTE: \_\_\_\_\_

DESTINO: \_\_\_\_\_

HORA/FECHA DE SALIDA Y LLEGADA:  
\_\_\_\_\_

MÉTODO DE TRANSPORTACIÓN: \_\_\_\_\_

PERSONAL/PADRES A CARGO: \_\_\_\_\_

Al firmar su nombre, usted le indica al administrador de la Escuela Secundaria Cabrillo que otorga permiso para que su estudiante asista a la actividad supervisada mencionada arriba.

1. Nosotros entendemos que todas las reglas y regulaciones de la Escuela Secundaria Cabrillo deben de ser obedecidas.
2. En caso de una emergencia, yo/nosotros autorizamos a un representante responsable de la Escuela Secundaria Cabrillo que lleve a mi estudiante al hospital más cercano para que reciba atención médica y para que se inicie cualquier atención médica necesaria por el personal autorizado.

\_\_\_\_\_  
Firma del Padre/Apoderado

\_\_\_\_\_  
Firma del Padre/Apoderado

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Contacto de Emergencia

\_\_\_\_\_  
Número de Teléfono

## Información Médica

Nombre Del Estudiante (letra de molde) \_\_\_\_\_

Domicilio \_\_\_\_\_

Nombre(s) del Padre/apoderado \_\_\_\_\_

Numero de Contacto de Emergencia \_\_\_\_\_ (casa)  
\_\_\_\_\_ (Celular)  
\_\_\_\_\_ (trabajo)

Fecha de Nacimiento \_\_\_\_\_ Edad \_\_\_\_\_ Grado \_\_\_\_\_

Contacto de Emergencia en caso que los padres/apoderados no estén disponibles \_\_\_\_\_

Numero de Contacto de Emergencia \_\_\_\_\_ (casa)  
\_\_\_\_\_ (Celular)  
\_\_\_\_\_ (trabajo)

Nombre de Doctor \_\_\_\_\_ #de teléfono \_\_\_\_\_

Nombre de Seguro Médico \_\_\_\_\_

Número de Póliza de Seguro \_\_\_\_\_ Número de teléfono \_\_\_\_\_

## Información de Salud del Estudiante

¿El estudiante toma algún medicamento con regularidad? \_\_\_\_\_ (si) \_\_\_\_\_ (no)

Si toma medicamentos escriba el nombre, la dosis, y su frecuencia: \_\_\_\_\_  
\_\_\_\_\_

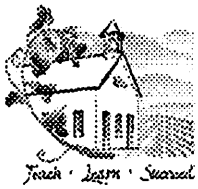
Es alérgico o tiene alguna reacción alérgica algún medicamento \_\_\_\_\_

Escriba cualquier condición médica que debamos saber: \_\_\_\_\_

Usa Lentes de contacto \_\_\_\_ Sí \_\_\_\_ No Aparatos ortodónticos \_\_\_\_ Si \_\_\_\_ No

Fecha de vacuna de refuerzo contra el tétano: Mes \_\_\_\_\_ Año \_\_\_\_\_

Comentarios \_\_\_\_\_



**LOMPOC  
UNIFIED  
SCHOOL  
DISTRICT**

### USE OF PRIVATELY OWNED VEHICLES

Important: This form must be submitted to the Transportation Department at least three weeks prior to the trip.

Trip Request # \_\_\_\_\_

This form must be used when personally owned vehicles of parents, volunteers and all LUSD employees are used to transport students for school-sponsored/district authorized activities or for authorized individual students driving for school-sponsored/ district authorized activities. A "no" answer to any statement prohibits the use of this driver and/or vehicle.  
Circle one: Parent/Guardian Volunteer Employee

Driver's Name \_\_\_\_\_ Date of Event \_\_\_\_\_  
Event \_\_\_\_\_ School \_\_\_\_\_

**DRIVER CERTIFIES TO THE FOLLOWING:**

- A. I am the registered owner or legal user of the vehicle.  
If vehicle is borrowed, registered owner must verify items E and F below and sign as registered owner.
- B. I have had a valid driver's license for at least six (6) months. License Number/Expiration Date \_\_\_\_\_  
If parent or volunteer, I am over 21 years of age -  Yes  No
- C. I submit my California Driver's License Number for H6 DMV clearance and monitoring.
- D. I have a clean driving record in that I have not been convicted of drunk driving, driving under the influence of drugs, or of reckless driving for the last five (5) years.
- E. I have provided proof of insurance on this vehicle for at least the minimum liability/medical coverage as required by law.  
Name of Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Local Agent Name/Phone Number (if applicable): \_\_\_\_\_
- F. Either the vehicle is not designed to carry more than 10 passengers (including driver) or I will not transport more than 10 (including driver) in accordance with the State Vehicle School Pupil Activity Bus regulations. This vehicle is in good working condition (tires, brakes, lights, turn signals, windshield wipers) and each passenger will have a seat belt.  
Name of Owner (if not driver) \_\_\_\_\_ Make/Model/Year of Vehicle \_\_\_\_\_  
License Plate Number \_\_\_\_\_ Number of passenger seat belts \_\_\_\_\_
- G. I have provided Department of Justice Proof of Fingerprint Clearance – Date: \_\_\_\_\_
- H. I have completed the District safety class for the transportation of students.

I certify that the information provided above is true and correct to the best of my knowledge. I understand that my vehicle liability/medical insurance is primary in case of an auto claim and that if the limits of liability under the owner's policy fail to satisfy the legal liability involved, the District's policy is secondary, only with regard to vehicles owned and driven for school business by school employees.

Signature of Driver \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Signature of Registered Owner (if other than driver) \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Title/Position: \_\_\_\_\_ Date \_\_\_\_\_

APPROVED: YES  NO



## PARENT DRIVERS AND PRIVATELY OWNED VEHICLES

There are situations where parent drivers and personal vehicles provide the most economical and efficient means of transportation to district supported/sponsored events. While it is the belief of Lompoc Unified School District that a LUSD school bus driven by an LUSD trained and certified bus driver is the safest method for student transportation, there are instances where parent drivers are the only option when faced with economical constraints.

The following guidelines support and clarify LUSD AR 3541.1:

- Only Lompoc Unified School District employees can drive Lompoc Unified School District Vehicles (including golf carts). Parents and students cannot drive district vehicles, including golf carts.
- District owned trailers may be towed by parent drivers, however district owned trailers shall not be modified in any way.
- The adult driver is the registered owner of the vehicle, has legal lease agreement, or has written permission from the registered owner to use the vehicle.
- Adult drivers must have a valid driver's license.
- Adult drivers must have a clean driving record including no drunk driving, driving under the influence, or reckless driving violations in the last five years.
- Adult drivers must carry insurance as per AR 3541.1 and provide proof of insurance. School district insurance is secondary to the driver's primary insurance.
- Adult drivers shall not transport more than ten (10) passengers including the driver and the vehicle must be equipped with the appropriate number of seat belts.
- Parents must pass fingerprint clearance through the Department of Justice, just as other volunteers who supervise students. Finger print clearance will be kept on file and will be valid for all LUSD volunteer activities.

Procedure for becoming an approved Parent Driver:

Complete the AR 3541.1 Use of Privately Owned Vehicles form and supply the following information with the form:

- Proof of Insurance at \$50,000 Property / \$10,000 Medical / \$100,000 Bodily Injury levels.
- Proof of Department of Justice Fingerprint clearance
- California Drivers License Number for H6 DMV clearance.

Submit these forms to the LUSD Transportation Department.

- Once the parent driver has received DMV clearance, the Transportation Department will notify the school that the parent has cleared.
- The LUSD Transportation department will keep the name on file and send an updated list to the school each year.
- Additionally, once the parent driver has received DMV clearance, the parent driver shall complete the District safety class prior to transporting students.

Sport/Activity: \_\_\_\_\_

Permission for Student to be Transported in  
Privately Owned Vehicle

The following form is to be completed by parents/guardians who wish to give their daughter or son permission, in advance, to be transported to/from school-sponsored/district authorized activities in a vehicle owned and driven by a private individual which includes parent/guardian:

PARENT PERMISSION TO TRANSPORT DAUGHTER/SON

I hereby give my daughter/son \_\_\_\_\_  
(Student's Name)

permission to be transported (please check one):

TO  FROM  TO and FROM

school-sponsored/district authorized activity on: \_\_\_\_\_  
Date

in a vehicle owned and driven by:

\_\_\_\_\_  
(Print Owner's Name)

\_\_\_\_\_  
(Print Driver's Name, if not owner)

\_\_\_\_\_  
Signature of Parent/Guardian Date

.....  
Reviewed and accepted by School Official:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_

**LOMPOC UNIFIED SCHOOL DISTRICT  
In Lieu of Attendance**

Student's Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Has made satisfactory arrangements in lieu of attending class on \_\_\_\_\_  
Date

Activity or Event \_\_\_\_\_

Sponsor \_\_\_\_\_

Period

Teacher's Signature (Implies Consent)

1 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

4 \_\_\_\_\_

\_\_\_\_\_

5 \_\_\_\_\_

\_\_\_\_\_

6 \_\_\_\_\_

\_\_\_\_\_

7 \_\_\_\_\_

\_\_\_\_\_

8 \_\_\_\_\_

\_\_\_\_\_

**LOMPOC UNIFIED SCHOOL DISTRICT  
In Lieu of Attendance**

Student's Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Has made satisfactory arrangements in lieu of attending class on \_\_\_\_\_  
Date

Activity or Event \_\_\_\_\_

Sponsor \_\_\_\_\_

Period

Teacher's Signature (Implies Consent)

1 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

4 \_\_\_\_\_

\_\_\_\_\_

5 \_\_\_\_\_

\_\_\_\_\_

6 \_\_\_\_\_

\_\_\_\_\_

7 \_\_\_\_\_

\_\_\_\_\_

8 \_\_\_\_\_

\_\_\_\_\_