Colorado Springs School District 11
Risk Management & Safety
Risk Management 719-520-2398

## PROCEDURES FOR SCHOOL DISTRICT 11 APPROVED FIELD TRIPS

A field trip is defined as "any academic, instructional, performance or other District approved trip taken by District students to any location away from the student's school." Board Policy IJOA (and associated regulations) "Field trips are a very important part of the instructional program of the district. Purposeful, well-organized and properly supervised travel experiences enable students to discover new worlds, stimulate interest in further learning, increase cultural awareness and bring historical events to life."

Pursuant to the Board of Education action on 10/12/16, once a standard field trip has been approved by the school principal it is no longer necessary to route it to the Risk Management Office for review. Schools should maintain the completed field trip forms in their offices. It is recommended that forms are kept for three years from the date of the field trip.

Please note: Starting school year 2015-2016, the Colorado Department of Public Health and Environment requires a cpr/first aid certified staff member on all field trips.

1. Forms required for local field trips (within El Paso County)
   a. Field trip approval form
   b. Field trip permission form for students' parent/guardian

Standard and non-standard field trips ***do not*** require review by Risk Related Activities. Standard field trips ***do not*** need to be reviewed by the school's executive director. The school principal's signature authorizes the field trip to take place.

2. Forms required for field trips less than 100 miles outside of El Paso County.
   a. Field trip approval form
   b. Field trip permission form for students' parent/guardian
   c. Health insurance information and medical information form

This is still considered a standard field trip and ***does not*** need approval by the school's executive director. The school's principal's signature is authorization for the trip to take place.

3. Forms required for field trips 100 miles or more from El Paso County. This includes field trips that leave the state of Colorado and/or overnight trips. These are "non-standard" field trips.
   a. Field trip approval form
   b. Field trip permission form for students' parent/guardian
   c. Health insurance and medical information form
   d. Special medical power of attorney form

This type of field trip is considered "non-standard" and must have the school's executive director's signature as well as the school principal's signature.

The superintendent of school's signature is only required for field trips taking place out of the country. It ***is not*** required for any other type of field trip.

Please keep in mind that all field trip volunteers (including parents) must be registered with the District 11 Engage Office and, depending on the type of volunteer background check required, fingerprinted before participating in field trip activities. This process can take up to 90 days, please pre-plan accordingly.

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**COLORADO SPRINGS SCHOOL DISTRICT 11 FIELD TRIP APPROVAL FORM**

Standard Field Trip ☐ Please check one Non-Standard Field Trip ☐

Submitted by:_____ Contact Phone #_____

School:_____ Today's date_____

I. Activity:_____

Date of Departure:_____ Date of Return:_____

Destination:_____

II. Educational Aspects:

Objectives:_____

Educational Content:

Orientation program:_____

Classes during trip:_____

Do you plan to apply for District credit for the students? Yes ☐ No ☐
If YES, regular District 11 procedures must be followed.

III. Specific data concerning school days:

Number of students involved:_____

Are these students all to be recruited from the District? Yes ☐ No ☐

If **NO**, please explain:_____

Name of cpr/first aid certified staff member attending field trip:_____

Number of teachers involved: _____Number of ***Registered*** Volunteers:_____

How many days will the students be out of school?_____

IV. Specific data concerning the actual trip:

Does this trip involve any schools outside the District? Yes ☐ No ☐

If **YES**, please explain:_____

_____

Cost of trip per student:_____

What does cost include? Please check **and** describe specifics.

_____1. Transportation:_____

If the District *activity* bus is to be used beyond a 100 mile radius of El Paso County, please call 520-2398 for instructions.

_____2. Lodging:_____

Overnight supervision must be by D11 employees or fingerprinted, background checked, registered volunteers only.

_____3. Insurance:_____

Non standard* field trips will require a special medical power of attorney form signed by parents or guardian
Non standard* field trip as defined in policy IJOA

_____4. Tours:_____

_____5. Other:_____

V. Transportation:

Method:_____

Point of Departure:_____Point of Return:_____

VI. Fund Raising:

Is fund raising a necessary part of your program? Yes ☐ No ☐

If **YES**, has this been approved through the proper channels? Yes ☐ No ☐

**Principal's** approval and comments:_____

_____

Principal's signature acknowledges that this is a District approved event and all required field trip forms, releases and authorizations have been obtained from the participating student's parents/guardian.

_____

Principal's Signature Date

**SCHOOL, PLEASE FORWARD THIS FORM TO EXECUTIVE DIRECTOR**

Notification for approval is to be made to Area Superintendents for non-standard field trips.

_____

Executive Director Date

# COLORADO SPRINGS SCHOOL DISTRICT 11 FIELD TRIP PERMISSION FORM

School and Address_____

Colorado Springs, CO _____ZIP

Contact Phone # _____

I, (print name) _____ am the custodial parent and/or legal guardian of:

(print name of student) _____

I give my permission for the student to participate in the following activity:

_____

_____

_____

**Is participation in the activity mandatory?**

I acknowledge that the student's participation in the activity is a privilege and is completely voluntary.

**What about insurance?**

I understand that Colorado Springs School District 11 (the District) is not responsible for insuring me or the student with regard to the student's participation in the activity or any fund raising event associated with the activity. I am responsible for obtaining any medical, accident, or other insurance that I may deem appropriate.

**Is the District responsible for damages or injuries that may occur during the activity?**

I understand that the District and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the field trip activity or any fund raising event associated with the activity. The District and its employees have not waived these protections and immunities.

By signing this form, on behalf of myself, the student, and our family and representatives, I release, indemnify, and hold harmless Colorado Springs School District 11 and its employees from and against all claims for damages or injuries involving the student which occur as a result of the student's own misconduct, the actions or omissions of third parties, or relate to property which is not owned by the District 11. I understand that for purposes of this form, the term "employees" includes School District 11 directors, employees, servants, and volunteers.

**Out of Country Field Trips**

I understand that any field trip involving air travel or any type of travel outside of the continental United States could have additional risks and safety considerations. The current geo-political climate as well as cultural and legal differences in other countries may create safety and legal considerations different from those found in traveling in the United States. Evacuation from a foreign country due to an emergency medical condition of the student could be very expensive. The District recommends contacting the U.S. Department of State website for tips on traveling abroad. _____

**I acknowledge that I have read and understand this Field Trip Permission Form.**

**(Read carefully before signing)**

_____ _____

Date

Signature of Custodial Parent or Legal Guardian

_____

Street Address

_____

City State ZIP

_____ _____

Emergency Contact: Name & Phone Work Phone / Home Phone

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**COLORADO SPRINGS SCHOOL DISTRICT 11 HEALTH INSURANCE AND MEDICAL INFORMATION FORM**

Student's Name_____ School_____

Destination _____

Departure Date_____ Arrival Date_____ Return Date_____

Name of Health Insurance Company_____

Policy #_____Name of Insured (Subscriber)_____

Insurance company's policy for obtaining treatment outside of the area or state.

_____ _____

_____

Does the insurance company require a certain form to be filled out in case of an emergency?
Yes_____ No____ If yes, please provide the school with a copy of the form prior to departure.

Please attach a copy (Front & Back) of the subscriber identification card on the above policy to this form.

_____
Custodial Parent/Legal Guardian Signature / Date

**MEDICAL INFORMATION**

Name of Doctor_____Phone (Day)_____

Address_____Emergency Phone_____

List all medications the student will bring or be required to take while on the above trip and specific written instructions, from the physician, for administration of any medication. ANY MEDICATION MUST REMAIN IN ITS ORIGINAL CONTAINER.

_____

_____

_____

_____

List any allergies, medical conditions or other conditions regarding the student's health which the staff might need to know about. _____

_____

_____

**Please understand that Colorado Springs School District 11 (the District) personnel cannot, by law, administer or provide *any* medications to your child without your permission and a physician's direction. Any and all authorized medication must be provided by you. District personnel will not provide medication of any kind. This includes non-prescription drugs such as Tylenol, cough syrup, antihistamines, antiseptics, etc. Please plan accordingly.**

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## COLORADO SPRINGS SCHOOL DISTRICT 11 SPECIAL MEDICAL POWER OF ATTORNEY

**School**_____
**Address**_____
**Colorado Springs, CO _____ZIP**
**_____(Phone)**

SPECIAL POWER OF ATTORNEY AUTHORIZING COLORADO SPRINGS SCHOOL DISTRICT #11 (the District) EMPLOYEES TO PROVIDE OR DIRECT EMERGENCY MEDICAL CARE TO STUDENTS PARTICIPATING IN THE FOLLOWING ACTIVITY.

Know all men by these presents, that I,_____,

(Address)_____
(Home Phone #)_____ (Emergency Phone #)_____, desire to execute a SPECIAL POWER OF ATTORNEY have made and constituted and appointed, and by these presents do make, constitute and appoint employees of Colorado Springs District #11 in attendance at the following activities and acting in a supervisory capacity as my Attorney-in-Fact as follows GIVING AND GRANTING unto my said attorney full power to authorize, provide or direct emergency medical care to be given to my son or daughter:_____ age _____, (a student at) **_____,** while participating in the following activities:_____ **_____,** to include but not limited to emergency major or minor surgery which is deemed necessary by a duly licensed physician selected by my Attorney-in-Fact for the health and well being of my above named child(ren). I affirm that I have provided the employees of the above named school who will be present at the activities in a supervisory role with specific information regarding any special medical conditions concerning my above named child(ren) which could affect the emergency medical care herein authorized, including but not limited to medications to which he/she may be allergic or sensitive, animal or insect bites/venom to which he/she may be allergic or sensitive; food products to which he/she may be allergic or sensitive; and any other conditions which could affect the health and/or emergency medical care herein authorized for my above mentioned child(ren).

Further, I do authorize the above employees to dispense prescription and/or "over the counter" medication identified herein and provided by myself and prescribed by a licensed physician as specifically designated by myself and such physician.

Further, I do authorize my aforesaid Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization(s) with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by my said attorney shall be binding on myself and my heirs, legal and personal representatives and assigns.

Provided, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact."

Further, unless sooner revoked or terminated by me in writing, this special Power of Attorney shall become NULL AND VOID from and after the above noted date indicating that the above activities have been concluded.

_____
Custodial Parent or Legal Guardian

STATE OF COLORADO(COUNTY OF EL PASO)

Subscribed and sworn to this _____day of _____21 by _____, in the County of El Paso, State of Colorado.

WITNESS my hand and official seal.

SEAL

_____ My Commission Expires_____
Notary Public