

Field Trip Checklist

- Principal Approval
- Fill out Trip Request Form and send to Steve Calvert, Director of Transportation
 - this must be completed 7 days in advance of the trip
 - Ensure Transportation Department has received your request and you are scheduled
- Complete Employee Request for Professional Leave
 - This must be done at least one month in advance of the trip as all student trips must be approved by the Board of Education
- Complete Requisition Form for Purchase Order(s)
 - # of students attending must be verified with finance 3 days prior to the trip so checks can be written for correct amount
 - If paying restaurants directly while on the trip a SEPARATE request will need to be completed
 - Complete requisition for TRANSPORTATION DRIVER for the trip—calculated by \$2/mile + \$17.50 per hour

After taking all costs into consideration and proceeding with trip planning:

- Ensure Parents/Guardians understand that trip costs will be a donation and no refunds are given—funds not utilized in the case of cancellation will be used for a future trip.
- Send home consent to travel/medical release form 0936 AP.211 Student Trip Permission Slip-- forms must travel with the trip as it contains medical release in case of injury/illness
 - Submit a copy of the 0936 AP.211 (may be scanned and emailed or actual physical copy) to the appropriate school health unit or District Health Coordinator according to instruction timeline.
 - If you are a team or group that completes the 09.36 AP211 at the start of the season/year, you must check the re-check the 09.36 EACH OVER NIGHT OR OUT OF STATE trip and have medications traveling on the trip approved by the District Health Coordinator and ensure proper locked storage for any prescription medications (as needed.)
- Follow the Field Trip Medical Roster Instructions to submit student trip roster (via excel/google sheet) to the appropriate school health unit or District Health Coordinator to have cleared for required immunizations, health conditions and medications
- Complete the Event Specific Emergency Action Plan (EAP) for School Sanctioned Non Athletic Event Held Off-Campus form
- Submit a finalized roster to the attendance clerk prior to the trip.

Reminders for the day of the trip:

- ➔ Post attendance before leaving
- ➔ Count students on and off the bus
- ➔ Take checks (as needed)
- ➔ Take lunches (as needed)

Teacher /Coach/Sponsor Signature

Date checklist completed

Checklist & EAP form must be submitted to principal prior to leaving school grounds

Trip Request Form**THIS REQUEST MUST BE RECEIVED AT THE BUS GARAGE SEVEN (7) DAYS PRIOR TO DEPARTURE DATE.**

Date Requested _____ Date of Bus Trip _____

Destination _____

Pickup Point _____

Departure Time _____

Return Time _____

Round Trip Mileage _____

Sponsored By _____

Person in Charge _____ Number of Chaperones _____

Staff member(s) designated to administer medication if necessary: _____

Names of Chaperones Designated by the Principal _____

Have all chaperones undergone the required records check and been designated by the Principal/Designee to supervise students? ☐ Yes ☐ No

Number of Pupils _____ Budget Code _____

Group _____ ☐ Field Trip Roster sent to School NursePlease check one: ☐ Bus ☐ Van (6 or 7 passengers only)Is this request for: ☐ Competition ☐ Non-Competition

Driver/Bus Number (To Be Assigned by Transportation Manager) _____

Approved By _____ Principal/designee.

Bus Number/Driver Approved By _____, Transportation Manager

Comments: _____

*Trip sponsor should plan trip prior to leaving (maps, routes, building, pickup points of arrival and departure, etc.) and give to driver prior to departure.

** Driver has been informed not to depart unless above information is complete and accurate.

Copies: White – File Copy for Principal

Remaining copies to Transportation Manager at Bus Compound.

RELATED PROCEDURE:09.36 AP.1 (See section on **TEACHER'S RESPONSIBILITIES**)

09.36 AP.211

Review/Revised:4/23/13

Name _____ Date _____

Position _____ School/Department _____

I request professional leave on the following work days: _____

Nature: _____ Location: _____

(Attach agenda or conference information)

Student Trips- Please Check One Box		Employee Only- Please Check One Box
☐ In-State-Within 150 miles of school (requires Principal & Superintendent/Designee approval)		☐ In-State ☐ In-State Overnight (requires Superintendent/designee approval)
☐ Out-of-State, overnight, or excess of 150 miles from school (requires Board approval)		☐ Out-of-State ☐ Out-of-State Overnight (requires Superintendent/designee approval)
Approximate # of students attending: _____		
Bus Requested? ☐ Yes ☐ No		

Failure to complete expense request could result in delay of approval.

Conference Registration	\$
Estimated Travel Cost: circle mode of travel and indicate mileage or ticket cost: Personal Auto Passenger (no cost) Plane School Vehicle (\$1/mi.) School Bus Other_____	\$
Estimated Hotel Cost: _____ # of nights X _____ room rate(list split rate if sharing room)	\$
Estimated Meal Per Diem (Meals cannot be reimbursed for “day” trips.)	\$
List other costs (e.g. parking fees, taxi fares, checked luggage)	\$
Substitute Required? ☐ Yes ☐ No (Estimate \$100 per day)	\$
Estimated Total Cost	\$
Funding Source (circle all that apply): School Instructional Funds School Activity Funds District Funds Grant Name _____ Other _____	

Funding Code(s):

Employee

Immediate Supervisor (if approved)

Signature of Superintendent/Designee

All professional leave must be approved in advance by the Superintendent/Designee and/or Board. The original copy of the signed form should be attached to the Service Report.

RELATED PROCEDURES:

03.125 AP.21; 03.125 AP.22

Review/Revised:5/26/2015

**REQUISITION FORM
FOR
PURCHASE ORDER**

Company/Vendor: _____

Date of Request: _____

Company Phone # _____

Requesting Employee: _____

Company Address: _____

Employee Contact #: _____

School/Department: _____

Funding Source (Please Check):

Purchase Type (Please Check):

- ☐ SBDM/SECTION 6 _____
☐ SCHOOL ACTIVITY _____
☐ GRANT _____
☐ MUNIS/OTHER _____
☐ DISTRICT ACTIVITY _____

- ☐ CKEC VENDOR
☐ KPC/KEDC VENDOR
☐ STATE CONTRACT
☐ TRAVEL REIMBURSEMENT
☐ OTHER _____

CODE(S): _____

QTY	ITEM #	ITEM DESCRIPTION	UNIT COST	TOTAL COST
SHIPPING/HANDLING				
TOTAL REQUEST				

OFFICE USE ONLY

Vendor# _____

Purchase order# _____

Signature of Requesting Employee

Authorized Signature (Admin/Supervisor)

Superintendent/Designee

Student's Name	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
School Year	School	Grade	

Trip Details:

List Student's **Health Conditions:** ☐ IHP on file in health unit

*Medication Name (on label or box)	Dose Ordered	Time(s) Ordered	Taken @ School	Taken @ Home	**Written Authorization to Carry and Self-Administer?

****For student to carry and self-administer: Prescription meds must have written authorization of prescribing healthcare provider and OTC medications must have written approval of parent/guardian.**

STUDENT'S HEALTH COVERAGE: _____

All transportation, fees, and details associated with this trip have been explained to me by the trip sponsor. I, the legal parent/guardian of the above named student, hereby give permission for my child to participate in the above-mentioned school-related student trip(s). All health information provided by me to the school for this field trip is correct and accurate to the best of my knowledge. I authorize trained school personnel to assist my child with his/her medication as my child's healthcare provider or I have directed if needed. In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to have my child transported by EMS to the nearest hospital and authorize treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

Please return this form to your child's teacher/coach/sponsor.

Montgomery County Schools Event Specific Emergency Action Plan (EAP) for School Sanctioned 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

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 9-1-1 using cell phone or other means of communication o Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute)
- Retrieve and use the nearest Automated External Defibrillator (AED)
- Continuing supporting the victim until the local EMS arrives and takes over care
- Direct EMS to the scene