



Birmingham Community Charter High School Field Trip Policy

Purpose:

The purpose of this policy is to establish guidelines for the supervision and management of routine and non-routine field trips organized by the school. The safety and well-being of students are of utmost importance and this policy aims to ensure adequate supervision and adherence to protocols during all school-sponsored trips.

I. Planning and Approval:

- A. All field trips must be planned well in advance, taking into consideration the educational value, safety, and logistics involved.
- B. The trip proposal, including destination, purpose, itinerary, and estimated cost must be submitted to the appropriate school authorities for approval.
- C. Parental consent forms, medical information, emergency contact details, and any necessary permissions should be obtained prior to the trip.

II. Supervision:

- A. An adequate number of qualified and responsible staff members, including teachers and support personnel must accompany the students during the trip.
- B. The student-to-supervisor ratio should be maintained at a level that ensures effective supervision and attention to individual student needs.
- C. A designated trip coordinator should be appointed to oversee the organization, implementation, and supervision of the trip.

III. Qualifications and Training:

- A. All staff members participating in routine/non-routine trips should possess appropriate qualifications and experience relevant to the trip's nature and activities.
- B. Staff members should be trained in first aid and emergency response procedures, as well as any specialized training required for specific trip activities.
- C. The designated trip coordinator should ensure that all staff members are familiar with the school's policies and protocols regarding overnight trips.

IV. Code of Conduct:

- A. Students must adhere to the school's code of conduct and behavior expectations throughout the duration of the overnight trip.
- B. Appropriate consequences should be established for any misconduct or violation of the code of conduct, ensuring consistency with the school's disciplinary policies.

V. Accommodation and Safety:

- A. Accommodation arrangements should prioritize the safety and security of students, adhering to established safety standards and regulations.



- B. Emergency procedures, including evacuation plans and communication protocols, should be communicated to both students and supervising staff members.

VI. Communication and Contact:

- A. Parents or guardians should be provided with detailed information regarding the overnight trip, including the itinerary, emergency contact information, and any relevant updates.
- B. Regular communication channels should be established between the trip coordinator and the school administration to ensure smooth coordination and support.

VII. Health and Medication:

- A. Students with specific health conditions or dietary requirements should provide relevant information in advance, and necessary accommodations should be made.
- B. Adequate medical supplies, including first aid kits, should be readily available throughout the trip.
- C. The supervising staff should be aware of any student-specific medical requirements and medications, ensuring proper administration and storage.

VIII. Risk Assessment and Insurance:

- A. Prior to the trip, a comprehensive risk assessment should be conducted to identify and mitigate potential hazards associated with the overnight activities.
- B. Adequate insurance coverage should be in place to protect both the school and students during the overnight trip.

IX. Emergency Procedures:

- A. A clear and documented plan for handling emergencies, including medical emergencies, natural disasters, or unforeseen circumstances, should be established.
- B. Emergency contact information for relevant authorities, medical facilities, and parents or guardians should be readily available during the trip.

X. Review and Evaluation:

- A. After the completion of the overnight trip, an evaluation should be conducted to assess its educational value, safety measures, and overall effectiveness.
- B. Feedback from both staff members and students should be solicited and considered for future trip planning and improvement.



Requirements for Routine Field Trips

A routine field trip is a full or partial day trip to a pre-approved site and has been deemed appropriate by your administrator. The trip must meet all criteria below.

- ❖ The trip is to a pre-approved site OR has been approved by your administrator.
 - Pre-approved sites list on BCCHS website > Documents & Forms
- ❖ The trip has educational, social, and/or cultural value.
- ❖ A lesson plan must accompany the trip request.
- ❖ The trip will NOT cost students any money.
- ❖ Sufficient funding is available for the trip.
- ❖ Sufficient supervision is available (1 adult per every 10-15 students)
 - If utilizing non-BCCHS employee chaperones, they must be vetted by HR.
- ❖ Student rosters **MUST** be cleared by the school nurse, then...
 - **The roster of participating students must be submitted to Sabrina Sedani (T-210) or Kris Sink (SDS Office) by the teacher at least one week before the field trip so that attendance can be cleared accordingly.**
- ❖ In an effort to minimize the use of instructional teachers as chaperones, please first ask for available out-of-classroom personnel to chaperone your field trip by sending an email to: outofclassroomfieldtrip@birminghamcharter.com or contact Sabrina Sedani in T-210.
- ❖ **IF A SUB IS REQUIRED, PLEASE INFORM THE MAIN OFFICE AT LEAST 10 DAYS IN ADVANCE. YOU MUST ORDER YOUR OWN SUBS.**



ROUTINE FIELD TRIP FORM INSTRUCTIONS

Out-of-town (greater than 75 mile radius from school) and/or overnight field trips require BCCHS Board approval

30 SCHOOL DAYS PRIOR TO THE FIELD TRIP DATE:

- A. Complete the “REQUEST FOR APPROVAL OF SCHOOL ORGANIZED TRIPS FOR STUDENTS” form.
- B. Complete the order of signature approvals:
 - a. 1) Calendar 2) Sub Coverage 3) Department Administrator 4) Final Approval
- C. Submit all completed forms to T-210 for review and final approval will come from Mr. Elmore.

15 SCHOOL DAYS PRIOR TO THE FIELD TRIP DATE:

- A. Complete the school portion of the permission slip titled “PARENT CONSENT FOR FIELD TRIP, MEDICAL AUTHORIZATION, AND STUDENT TRANSPORTATION WAIVER FORM” and make copies for parents to sign.
- B. If applicable, submit a Field Trip Lunch Request form to Evelyn Garcia (Nutrition Coordinator T-210) if lunches are required. Depending on the number of participants, a Google Form will be shared with you for you to share with your students to select their lunch to reduce food waste.
- C. Submit a **digital roster (Google Sheets or Google Docs)** of participating students to the school nurse for medical clearance. Please add all participating students with ID number included on a Google Sheet or Google Doc and give editing access to our school nurse.
- D. Ensure you have an adequate number of chaperones.
 - a. If chaperones are still needed, please first ask non-classroom faculty if they are available. You may email the group at < outofclassroomfieldtrip@birninghamcharter.com >.
- E. If students will ride in private vehicles, please provide Transportation Waiver Form https://drive.google.com/file/d/11kC5TMop05y34UZsAO-X2_i7woRweOlj/view?usp=sharing and Liability Insurance Information for drivers. *Students may NOT be driven by a student driver.*

5 SCHOOL DAYS PRIOR TO THE FIELD TRIP DATE:

- A. Ensure all participating students have completed and turned in their permission slips.
- B. Ensure all teachers of each student have given approval for students to attend field trips.
- C. Ensure you have submitted rosters to the supervising administrator/admin assistant.

1-2 SCHOOL DAY PRIOR TO THE FIELD TRIP DATE:

- A. Notify students of predetermined field trip meeting location and report time.
- B. Have a roster of participating students ready.
- C. Provide T-210 (Sabrina Sedani) with a copy of the final roster and permission slips of participating students.
- D. ******A list of students on the Field Trip must be submitted to Kris Sink by the teacher the day before the Field Trip so that attendance can be cleared in a timely manner.******

ON THE DAY OF FIELD TRIP

- A. MAKE SURE TO TAKE ROLL OF PARTICIPATING STUDENTS BEFORE LEAVING TO AND AFTER LEAVING DESTINATION.

FIELD TRIPS UTILIZING ADULT OR STUDENT DRIVERS IN PRIVATE VEHICLES ARE NOT ALLOWED UNLESS PREVIOUS ARRANGEMENTS HAVE BEEN MADE WITH AND APPROVAL GRANTED BY THE PRINCIPAL. SEE MR. ELMORE IN T-210 IF THIS APPLIES TO YOUR FIELD TRIP.



ROUTINE FIELD TRIP CHECK-LIST

(This is for you only, you do not need to submit this)

Prior to receiving approval:

- Does the site have the capacity for the amount of students planning to attend?
Comments: _____
- Confirm the site is available to accommodate your field trip
Comments: _____
- If tickets are needed, please get in touch with your department's Administrative Assistant to complete the purchasing process
- Complete the "REQUEST FOR APPROVAL OF SCHOOL ORGANIZED TRIPS FOR STUDENTS" form
- Request for sub coverage for you and/or your chaperones (if applicable)
- Submit itinerary for trip to include the following:
 - Time and location of departure to destination
 - Time of activities (i.e., tour, presentations etc.)
 - Estimated meal times (i.e., breakfast, lunch etc.)
 - Time and location of departure from destination

Once approved:

- Complete "PARENT CONSENT FOR FIELD TRIP, MEDICAL AUTHORIZATION, AND STUDENT TRANSPORTATION" (including Transportation Waiver, if applicable) and make necessary copies for students to take home. These slips are to be kept with the teacher at all times during the trip.
- Submit a digital roster (Google Sheets or Google Docs) with student ID # included to our school nurse.**
 - Inna will make notes directly on the shared document**
- Complete and turn in the lunch request form with Evelyn Garcia in T-210 (if needed)
 - If a trip has over 30 students participating, a Google Form will be shared with you for you to share with your students so they may confirm their lunch selection and reduce food waste.
- Collect all signed permission slips.
 - Provide copies of signed permission slips to Sabrina in T-210 at least 1 day prior to the trip.
- Inform students of pick-up time and meeting location
- Receive bus confirmation from Sabrina (Academic Trips) / Kris (Athletic Trips) (if applicable)
- If using private transportation, ensure students/parents complete transportation waiver:
https://drive.google.com/file/d/11kC5TMop05y34UZsAO-X2_i7woRweOIj/view?usp=sharing

Private transport requires approval from T. Elmore and/or A. Bennett. Drivers must include a copy of current driver license and automobile insurance (submit to Sabrina Sedani T-210)



NON-ROUTINE/OVERNIGHT FIELD TRIP ADDITIONAL CHECK-LIST:

These items must be submitted **in addition to the “Routine Field Trip” requirements above**

- Confirm a basic First Aid kit will be on hand for the duration of the trip (please see school nurse)
- List of adult chaperones with the following information included:
 - Chaperone contact information (phone number)
 - Position/Role (teacher, coach, parent etc.)
- Ensure 1 adult chaperone is assigned per 10-15 students (Required)
 - Ensure 1 adult for every 5 students when swimming/beach is involved (Required)
- NON-BCCHS employees on the trip will need to be vetted through Megan’s Law database: www.meganslaw.ca.gov and through HR - please email HR@birminghamcharter.com
- Field trips that involve camping, hiking, or swimming require that at least one Chaperone have First Aid/CPR Certification Card. Must be submitted prior to departure.
- Address of the nearest emergency facility must be provided on the field trip request form.
- Detailed itinerary of entire trip: schedule of events listed by timeline for each day of trip
 - Plan for feeding students must be included
- If traveling by Airplane:
 - Confirm airline and flight information
 - Confirm type of transportation to used upon landing
 - Charter Bus - Provide information on company and pick up/drop off times
 - Public transportation (indicate method)
 - Parents who drop off their child at port, airport etc., are required to complete and submit a **Care Custody Control Waiver**
- If attending a competition or tournament:
 - A flier or proof that the competition or tournament is taking place must be attached
 - Confirmation documentation that the competition or tournament is taking place
- Hotel Accommodations:
 - Hotel name & address
 - Number of rooms to be utilized
 - Confirmed sleeping arrangements for students (boys w/boys, girls w/girls)
 - Confirmed sleeping arrangements for chaperones (chaperones are required to stay in a separate room)
 - Confirm where chaperones will be, how students can access chaperones, and how often will chaperones be checking in on students while at the hotel.





Risk Management Best Practices: Field Trips

Risk Considerations: While field trips have educational benefits and value, they also can result in injuries, illnesses, deaths, and/or property damages and impose liabilities upon schools. Schools should carefully review and approve all field trips based on the type, location, and duration of the field trip.

Educational Purpose: The educational purpose of the activity should be a direct result of the course curriculum or a required co-curricular competition. Events should never be selected based on the attractive nature of the venue nor be used as an incentive for students to participate in a program. Parents and students should be informed in writing of the behavioral expectations of students.

Documentation/ Permission: Field trip requests should clearly state the name of the event, its date, location, specific activities, duration, estimated numbers of participants (including students, personnel, and chaperones), method of transport, necessary supplies and equipment, and educational purpose. Schedules should not be deviated from without administrative authorization.

Participation of Students with Disabilities: Schools should explicitly plan for participation by students with disabilities in their field trips. Section 504 prohibits discrimination against students with disabilities. If a student with a disability needs an accommodation or related aids and services to participate in a field trip, those services must be provided. If there are concerns that a student's participation may be unsafe or a risk to the student or others, the school should consider providing accommodations and related services to support the student's participation.

Supervision of Students: Schools should establish minimums for student and chaperone participation, with a minimum of one chaperone for every ten students. When there are both male and female students on a trip, there should always be male and female chaperones. Students should always be under the immediate supervision of a chaperone during field trips and not be allowed to go off on their own. Room checks should be a common component of appropriate supervision. Parents and students should be informed in writing of the expectations of the trip chaperones. All volunteer chaperones should be school or board approved volunteers.

Methods of Travel: Field trips should depart from and return to either a school site or a transportation hub pre-approved by administration. Schools should carefully consider transportation modes used in their field trips and the implications of using these modes. For field trips wherein the school contracts with a proposed transportation provider, commercial automobile liability insurance limits should be reviewed prior to signing an agreement. For field trips wherein volunteer drivers are used, the volunteered vehicles' owners should present evidence of current insurance with limits of at least \$100,000 for injury/death to one person/ \$300,000 for injury/death to more than one person. If private vehicles are being used to transport students, the trip advisor is responsible to make sure all insurance and license documentation is on file with the school prior to the field trip.

Emergency Procedures: Each staff member attending the trip should carry copies of Field Trip Permission & Consent Forms for each student and have an emergency contact phone number for a school administrator. If a serious incident occurs during a field trip, a school administrator must be notified immediately.

Regulations:

Education Code section §35330

California Government Code § 815.6

Part 104 of the Code of Federal Regulations

Part 504 of the Rehabilitation Act of 1973.



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BIRMINGHAM COMMUNITY CHARTER HIGH SCHOOL
REQUEST FOR APPROVAL OF SCHOOL ORGANIZED TRIPS FOR STUDENTS

CHECK THE APPROPRIATE BOX: Field Trip Curricular Trip Athletic Trip Other: _____

APPLICANT INFO.

Employee Supervising Trip:	Cell #:
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Department:	*SOURCE OF FUNDS:
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1 DESTINATION:	DESTINATION PHONE:
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Address:		
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City:	State:	ZIP Code:
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Are admission fees charged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many tickets needed?: (MUST BE PURCHASED BY YOUR DEPARTMENT'S ADMIN ASSISTANT)
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NEAREST EMERGENCY FACILITY INFORMATION:	EMERGENCY FACILITY NAME: _____
ADDRESS: _____	PHONE: _____

2 IS THE SITE A PRE-APPROVED SITE? (List included in field trip packet)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If not, speak to the Supervising Administrator)
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3 DOES THE SITE REQUIRE PROOF OF INSURANCE FROM THE SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If so, please email HR for the required documents)
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4 DATE(S) OF TRIP:	OVERNIGHT TRIP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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5 NUMBER OF STUDENTS:	NUMBER OF ADULTS:	DATE OF BOARD APPROVAL: _____
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6 NAME(S) & CONTACT INFO OF ADULTS ATTENDING TRIP: (Provide attachment if not sufficient space)

NAME: CELL:	NAME: CELL:	NAME: CELL:
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NAME: CELL:	NAME: CELL:	NAME: CELL:
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NAME: CELL:	NAME: CELL:	NAME: CELL:
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7 SUBSTITUTE REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, YOU MUST ORDER YOUR OWN SUBS.	HOW MANY SUBS? _____ # OF DAYS: _____
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8 TIME SCHEDULED:	LEAVE SCHOOL: _____ AM / PM	ARRIVE DESTINATION: _____ AM / PM	LEAVE DESTINATION: _____ AM / PM	RETURN TO SCHOOL: _____ AM / PM
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9 DURATION OF TRIP:	<input type="checkbox"/> LESS THAN ONE DAY	<input type="checkbox"/> ONE DAY	<input type="checkbox"/> OTHER _____
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10 OVERNIGHT TRIP:	<input type="checkbox"/> ONE NIGHT	IF MORE, HOW MANY DAYS? _____	OVERNIGHT TRIP MUST BE <u>BOARD</u> APPROVED. Minimum 45-day process time
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11 METHOD OF TRANSPORTATION	<input type="checkbox"/> SCHOOL BUS (arranged by BCCHS) (approx. 50-54 people per bus)	<input type="checkbox"/> TRANSPORTATION PROVIDED BY DESTINATION / EVENT	<input type="checkbox"/> WALKING <input type="checkbox"/> AUTOMOBILE *	PUBLIC CARRIER: <input type="checkbox"/> AIRPLANE <input type="checkbox"/> TRAIN <input type="checkbox"/> BOAT <input type="checkbox"/> OTHER
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12 LUNCH FOR STUDENTS:	<input type="checkbox"/> PROVIDED BY BCCHS	<input type="checkbox"/> PROVIDED BY DESTINATION / EVENT	<input type="checkbox"/> STUDENT BRING OWN LUNCH	<input type="checkbox"/> N/A
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***NOTE: If using personal automobile or public carrier, please get approval from supervising administrator.**

13 BRIEF DESCRIPTION OF EDUCATIONAL GOAL TO BE DERIVED FROM THIS ACTIVITY. PLEASE STATE SPECIFICALLY AS AN INSTRUCTIONAL OBJECTIVE (NOT REQUIRED FOR ATHLETIC TRIPS)

PURPOSE:

BENEFIT TO STUDENTS:

CURRICULAR AREAS ADDRESSED BY TRIP:

<input type="checkbox"/> Standard Based Instruction	<input type="checkbox"/> Technology Integration	<input type="checkbox"/> College & Career
<input type="checkbox"/> Multicultural Awareness	<input type="checkbox"/> Intervention Strategies	<input type="checkbox"/> Other: _____

DESCRIPTION OF THE STUDENT ASSIGNMENT AND ASSESSMENT CONNECTED TO THE TRIP: (You may attach additional pages if necessary)
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SCHOOL GOALS ADDRESSED: STU. DEMONSTRATE PROFICIENCY IN ALL CONTENT AREAS ENSURE DIPLOMA ELIGIBILITY
 INCREASE COLLEGE AND CAREER READINESS PROVIDE A POSITIVE SCHOOL CLIMATE
 INCREASE PARENT INVOLVEMENT FOR STUDENT ACADEMIC SUCCESS

LCAP GOALS:

FOLLOW UP BENEFIT TO SCHOOL COMMUNITY: I will participate in the following Post-Curricular Trip Activities: (check one or more)

- Design, implement, evaluate, and share a Standard-Based Lesson based on this curricular trip
 Lead a Professional Development Session on: _____
 Report to my department, a charter standing committee, or inter-departmentally
 Other: _____

14 **IF HIKING OR CAMPING ACTIVITY:**

a. Has ranger, sheriff, police or any other emergency personnel been notified of intent to be in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Has area been checked for potential hazards? (If so, please provide information)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Has School Police been notified of the trip?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has approval been obtained from the Supervising Administrator?	<input type="checkbox"/> Yes <input type="checkbox"/> No

15 **PLEASE GO THROUGH ORDER OF APPROVALS. YOUR FIELD TRIP PACKET WILL BE REJECTED IF MISSING SIGNATURES**

APPROVALS	<u>1. CALENDAR</u> Parent Center	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE:	DATE
	<u>2. SUB COVERAGE CONFIRMATION</u> Main Office <i>(YOU MUST HAVE ALREADY SUBMITTED THE SUB REQUEST PRIOR TO OBTAINING SIGNATURE)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <i>(ie: weekend field trips)</i>	CONFIRMATION #: SIGNATURE:	DATE
	<u>3. DEPARTMENT ADMINISTRATOR</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE:	DATE
	<u>4. FIELD TRIP ADMINISTRATOR</u> Tommy Elmore T-210	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE:	DATE
	<u>5. (OVERNIGHT TRIPS ONLY)</u> PRINCIPAL Ari Bennett	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE:	DATE
<input type="checkbox"/> <i>Trip NOT approved.</i>				
Reason: _____ _____ _____				
Signature: _____			Date: _____	



**BIRMINGHAM COMMUNITY CHARTER HIGH SCHOOL - TRIP SLIP FOR TRANSPORTATION BY PRIVATE AUTO
PARENT CONSENT FOR FIELD TRIP, MEDICAL AUTHORIZATION, AND STUDENT TRANSPORTATION**

(PARENT FILL OUT) (stu. name) _____ (stu. ID #): _____
 has my permission to participate in the school curricular trip to:
(TEACHER FILL OUT) (location) _____ on (date) _____.

Departure time: _____ AM / PM | Return time: _____ AM / PM

Method of Transportation - Please Check One (Teacher)	Meals - Please Check One (Teacher)	
<input type="checkbox"/> Walking - Complete Section ONE on the back	<input type="checkbox"/> Lunch will be provided by the school	Please make note of any dietary restrictions: _____ _____
<input type="checkbox"/> School Bus or Charter Bus provided by the school Complete Section TWO on the back	<input type="checkbox"/> Lunch will be provided by destination/event	
<input type="checkbox"/> Other - Such as Airplane, Train, Van, etc. Complete Section THREE on the back	<input type="checkbox"/> Pupil will be at school during lunch	
	<input type="checkbox"/> Pupil should bring snacks/lunch with them - NO GLASS CONTAINERS	
	<input type="checkbox"/> Other _____	

SUPERVISING TEACHER(S): _____
 NON-CERTIFICATED CHAPERONES AS NEEDED _____

PARENTS - PLEASE NOTE: California Education Code, Section 35330 in part provides: All persons making the field trip are deemed to have waived all claims against BCCHS, the District, and it's employees and the State of California for injured, accident, illness, or death occurring during or by reason of field trip. In addition, if the field trip is outside the State of California, all adults participating in the field trip and all parents or guardian of pupils taking the out of state field trip are required to sign this statement waiving all claims.

Student's Full Name: _____ Student's DOB: _____
 Student's Home Address: _____
 Emergency Contact Name: _____ Emergency Contact #: _____
 Other Emergency Contact Name: _____ Emergency Contact #: _____

MEDICAL AUTHORIZATION: Should it become necessary for my child to have medical treatment while participating in this trip, I hereby give BCCHS personal permission to use their judgement in obtaining medical service for my child and I hereby give my permission to the physician selected by BCCHS personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that BCCHS has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my role responsibility.

A special note to the parents/guardians:

- Please check here if special instructions regarding medical treatment are on file with BCCHS
 - All medications must be registered on this form with a physician's written instructions on dispensing.
 - All prescriptions, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by BCCHS staff.
 - Check here if NO blood transfusions or blood products are to be given.
5. Please list any medical concerns: _____

I agree to direct my child to cooperate and conform to all rules and regulations governing conduct on this trip. Any violation of these rules and regulations may result in the school contacting parents/guardians and arranging transportation home for the pupil at the parent/guardian expense.

- I fully understand the following:
- Participation in these activities are voluntary.
 - I may revoke this permission at any time by notifying the school in writing.
 - Revocation is not effective until the receipt is acknowledged by the School.
 - I agree and acknowledge with all of the information stated above.

Parent/Guardian Signature _____ Parent/Guardian Name Printed _____ Date _____

ADVANCE NOTIFICATION OF ABSENCE (Required teacher signatures of the trip in during school hours)

Teachers: Please acknowledge this student's absence by signing next to the class period in which she or he will be absent. Requests to be excused from your class. She or he understands missed work is to be made up. To be valid, the student must obtain all teacher signatures 10 days prior to the absence. Obtain trip approval and cross out any periods not covered by this request.

PERIOD	TEACHER SIGNATURE	PERIOD	TEACHER SIGNATURE
0		5	
1		6	
2		7	
3		8	
4		9	

APPROVED BY (Supervising Administrator): _____ DATE: _____

TRANSPORTATION WAIVER

Section ONE - Method of Transportation: WALKING

Parent Authorization for students to WALK in connection with the school activity:

School bus transportation is NOT provided for this trip, therefore I authorize my child to use the following mode of transportation to participate in the above event: WALK TO AND FROM THE ACTIVITY.

In doing so, I hereby expressly waive and release any and all rights of claims of any nature whatsoever I may have against BCCHS, the Governing Board of BCCHS, and its members and employees, arising out of, in connection with, or resulting from the above school activity.

X

Parent/Guardian Signature

Date

Section TWO - Method of Transportation: SCHOOL BUS / CHARTER BUS PROVIDED BY THE SCHOOL and/or OTHER GROUP

Parent Authorization for students to ride a school bus, charter bus provided by the school and/or other group connection with the school activity:

School bus transportation IS provided for this trip, therefore I authorize my child to use the following mode of transportation to participate in the above event: RIDE A SCHOOL BUS OR CHARTER BUS PROVIDED BY THE SCHOOL AND/OR OTHER GROUP.

In doing so, I hereby expressly waive and release any and all rights of claims of any nature whatsoever I may have against BCCHS, the Governing Board of BCCHS, and its members and employees, arising out of, in connection with, or resulting from the above school activity.

X

Parent/Guardian Signature

Date

Section THREE - Method of Transportation: OTHER

Parent Authorization for students to travel in connection with the school activity in the following manner:

School bus transportation is NOT provided for this trip, therefore I authorize my child to use the following mode of transportation to participate in the above event: _____

In doing so, I hereby expressly waive and release any and all rights of claims of any nature whatsoever I may have against BCCHS, the Governing Board of BCCHS, and its members and employees, arising out of, in connection with, or resulting from the above school activity.

X

Parent/Guardian Signature

Date



**BIRMINGHAM COMMUNITY CHARTER HIGH SCHOOL - PERMISO PARA TRANSPORTE EN AUTO PRIVADO
CONSENTIMIENTO DE LOS PADRES PARA EXCURSIÓN, AUTORIZACIÓN MÉDICA Y TRANSPORTE DEL ESTUDIANTE**

(PADRE LLENAR): (nombre de estudiante) _____ (# ID): _____

tiene mi permiso para participar en el viaje escolar curricular para:

(MAESTRO LLENAR): (lugar) _____ en (fecha) _____.

Hora de salida: _____ AM / PM

Hora de regreso: _____ AM / PM

Método de transporte: Marque uno (MAESTRO/A)

Comidas: Marque una (MAESTRO/A)

Caminar: complete la Sección UNO en la parte posterior

Autobús escolar o autobús chárter proporcionado por la escuela. Complete la Sección DOS en la parte posterior

Otros - como avión, tren, camioneta, etc.
Complete la Sección TRES en la parte posterior

El almuerzo será proporcionado por la escuela.

El almuerzo será proporcionado por destino/evento.

El alumno estará en la escuela durante el almuerzo.

El alumno debe traer bocadillos/almuerzo con ellos - NO ENVASES DE VIDRIO

Otro _____

Por favor tome nota de cualquier restricción dietarias:

MAESTRO(S) SUPERVISOR(ES): _____

CHAPERONES NO CERTIFICADOS SEGÚN SE NECESITEN: _____

PADRES - TENGA EN CUENTA: El Código de Educación de California, Sección 35330 en parte establece: Se considera que todas las personas que realizan la excursión han renunciado a todos los reclamos contra BCCHS, el Distrito y sus empleados y el Estado de California por lesiones, accidentes, enfermedades o muerte que ocurran durante o a causa de una excursión. Además, si el campo viaje es fuera del estado de California, todos los adultos que participan en el viaje de campo y todos los padres o tutores de los alumnos que toman el viaje de campo fuera del estado deben firmar esta declaración renuncia a todos los reclamos

Nombre completo del estudiante _____ Fecha de nacimiento: _____

Dirección de la casa del estudiante: _____

Nombre del contacto de emergencia: _____ Contacto de emergencia #: _____

Nombre de otro contacto de emergencia: _____ Contacto de emergencia #: _____

AUTORIZACIÓN MÉDICA: Si fuera necesario que mi hijo reciba tratamiento médico mientras participa en este viaje, por la presente doy permiso personal a BCCHS usar su criterio para obtener servicios médicos para mi hijo y por la presente doy mi permiso al médico seleccionado por el personal de BCCHS para que brinde atención médica. Tratamiento considerado necesario y apropiado por el médico. Entiendo que BCCHS no tiene ningún seguro que cubra dichos costos médicos u hospitalarios incurridos por mi niño y, por lo tanto, cualquier costo incurrido por dicho tratamiento será responsabilidad de mi rol.

Una nota especial para los padres/tutores:

1. Marque aquí si BCCHS tiene instrucciones especiales con respecto al tratamiento médico.

2. Todos los medicamentos deben estar registrados en este formulario con instrucciones escritas de un médico sobre la dispensación.

3. El personal de BCCHS debe guardar y distribuir todas las recetas, excepto aquellas que deben llevarse en la persona del estudiante para uso de emergencia.

4. Marque aquí si NO se van a dar transfusiones de sangre o hemoderivados.

Acepto indicar a mi hijo que coopere y cumpla con todas las normas y reglamentos que rigen la conducta en este viaje. Cualquier violación de estas las reglas y regulaciones pueden resultar en que la escuela se comunique con los padres/tutores y organice el transporte a casa para el alumno en el gastos del padre/tutor.

Entiendo completamente lo siguiente:

1. La participación en estas actividades es voluntaria.

2. Puedo revocar este permiso en cualquier momento notificando a la escuela por escrito.

3. La revocación no surtirá efecto hasta que la Escuela acuse recibo de la misma.

4. Acepto y reconozco toda la información indicada anteriormente.

Firma del Padre / Tutor _____

Nombre del padre/tutor impreso _____

Fecha _____

NOTIFICACIÓN ANTICIPADA DE AUSENCIA (Requeridas las firmas del maestro del viaje en horario escolar)

Teachers: Please acknowledge this student's absence by signing next to the class period in which she or he will be absent. Requests to be excused from your class. She or he understands missed work is to be made up. To be valid, the student must obtain all teacher signatures 10 days prior to the absence. Obtain trip approval and cross out any periods not covered by this request.

PERIOD	TEACHER SIGNATURE	PERIOD	TEACHER SIGNATURE
0		5	
1		6	
2		7	
3		8	
4		9	

APROBADO POR (Administrador Supervisor): _____ FECHA: _____

PERMISO DE TRANSPORTE

Sección UNA - Modo de Transporte: CAMINAR

Autorización de los padres para que los estudiantes CAMINEN en relación con la actividad escolar:

NO se proporciona transporte en autobús escolar para este viaje, por lo tanto, autorizo a mi hijo a usar el siguiente modo de transporte para participar en el evento anterior: CAMINAR HASTA EL Y DESDE EL DESTINO

Al hacerlo, por la presente renuncio y libero expresamente todos y cada uno de los derechos de reclamos de cualquier naturaleza que pueda tener contra BCCHS, la Junta de Gobierno de BCCHS y sus miembros y empleados, que surjan de, en conexión con o como resultado de la por encima de la actividad escolar.

Firma del Padre / Tutor

Fecha

Sección DOS - Modo de Transporte: AUTOBÚS ESCOLAR / CHÁRTER PROPORCIONADO POR LA ESCUELA o OTRO GRUPO

Autorización de los padres para que los estudiantes viajen en un autobús escolar, un autobús chárter provisto por la escuela y/u otra conexión grupal con la actividad escolar:

Se proporciona transporte en autobús escolar para este viaje, por lo tanto, autorizo a mi hijo a utilizar el siguiente modo de transporte para participar en el evento anterior: VIAJAR EN UN AUTOBÚS ESCOLAR O EN UN AUTOBÚS CHARTER PROPORCIONADO POR LA ESCUELA Y/U OTRO GRUPO.

Al hacerlo, por la presente renuncio y libero expresamente todos y cada uno de los derechos de reclamos de cualquier naturaleza que pueda tener contra BCCHS, la Junta de Gobierno de BCCHS y sus miembros y empleados, que surjan de, en conexión con o como resultado de la por encima de la actividad escolar.

Firma del Padre / Tutor

Fecha

Sección TRES - Método de transporte: OTRO

Autorización de los padres para que los estudiantes viajen en relación con la actividad escolar de la siguiente manera: _____

NO se proporciona transporte en autobús escolar para este viaje, por lo tanto, autorizo a mi hijo a utilizar el siguiente modo de transporte para participar en el evento: _____

Al hacerlo, por la presente renuncio y libero expresamente todos y cada uno de los derechos de reclamos de cualquier naturaleza que pueda tener contra BCCHS, la Junta de Gobierno de BCCHS y sus miembros y empleados, que surjan de, en conexión con o como resultado de la por encima de la actividad escolar.

Firma del Padre / Tutor

Fecha



Field Trip Lunch Request Form 25-26

DATE OF EVENT:	TEACHER:	# OF STUDENT LUNCHES:
TIME LUNCH IS NEEDED:	# OF ADULT LUNCHES \$5.75 PER ADULT LUNCH:	DEPARTMENT:
CONTACT PERSON EMAIL/PHONE #:	FIELDTRIP NAME:	ADMINISTRATOR:

MENU Enter the quantity in the box next to your preferred choice.

	TURKEY & CHEESE SUB		FRESH WHOLE FRUIT		NONFAT CHOCOLATE MILK
	HAM & CHEESE SUB		CHILLED FRUIT		1% WHITE MILK
	VEGGIE WRAP		BABY CARROTS		SMALL WATER BOTTLE
	PB & J FUN LUNCH	EXTRAS			CHIPS \$1.00

INSTRUCTIONS

Teachers:

Three Weeks Prior to the Field Trip

Please complete and return this form to Room T210 or email it to e.lopez@bcchs.net

For groups of 30+ students

To help reduce food waste and ensure accurate meal planning, once we receive your form, we will send you a google form link. Please share the link with your students.

Students are to indicate whether they would like a school provided lunch for the day of the trip.

On the Day of the Field Trip:

Unless otherwise specified, students must pick up their lunches from the **J HALL quick cafe**. Students **must** be present to scan their ID at the point of service.

**FIELD TRIP CANCELLATIONS REQUIRE A MINIMUM OF 72 HOURS NOTICE
MEAL COSTS WILL BE BILLED TO THE DEPARTMENT**

- Signature below indicates faculty member understand and agrees to the instructions

TEACHER'S SIGNATURE: _____

If you have any questions, please contact Evelyn Lopez (818) 758-6523 or Cecilia Morin (818) 758-5217

"This institution is an equal opportunity provider."



Weekend Field Trip Lunch Request Form 25-26

Student and Adult Lunches are \$7.25

Please complete and return this form to Evelyn Lopez in room T210 or by email at e.lopez@bcchs.net **and** cecilia.morin@compass-usa.com.

Allow **21** days in advance of your field trip. If you have any questions, please call Evelyn at (818) 758-6523 or Cecilia at (818) 758-5217.

TODAY'S DATE: _____ **CONTACT PERSON:** _____

PHONE NUMBER/EMAIL: _____

DATE OF EVENT:	TEACHER:	# OF STUDENT LUNCHES:
TIME LUNCH IS NEEDED:	DELIVERY OR PICK UP? SPECIFY DELIVERY LOCATION:	# OF ADULT LUNCHES:
DEPARTMENT:	FIELDTRIP NAME:	SPECIAL INSTRUCTIONS:

MENU

Enter the quantity in the box next to your preferred choice.
All meals are served with condiments, napkin and spork kit.

Entrée choices will include chips and water

	Turkey, provolone, cajun mayo, lettuce, tomato on Sub Roll		Italian Sandwich on Sub Roll (Ham & Salami)		Turkey Club Sandwich
	Roasted veggies, provolone cheese on pretzel roll bread		Chicken Salad, lettuce, tomato on Croissant		Ham, provolone, baby spinach & tomato on croissant

EXTRAS

	Non Specialty Bread Sandwiches \$5.75 Turkey/ Ham & Cheese/ Veggie Wrap/ PB&J Fun Box		Tropicana Lemonade Juice \$1.50
			Cookies \$0.50

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