

Information in this brochure includes:

Steps to Take to Plan a Field Trip

Where to Find Forms

Chaperone Best Practices
and Expectations

What is “Adequate Supervision”
for my field trip?

Recommendations



If after reading this information and BP and AR 6153 you still have questions, ask your site Administrator, Administrative and Instructional Technology Support Services, or Safety & Risk Services at the District Office. They will be happy to answer any questions, assist you with any additional needs you may have and provide you with any documents you may need.



Lake Elsinore Unified School District
545 Chaney Street
Lake Elsinore, California
92530
(951) 253-7000

Visit us on the web:
<http://www.leusd.k12.ca.us/>

SUPERINTENDENT:
Dr. Doug Kimberly

GOVERNING BOARD:
Stan Crippen •
Heidi Matthies Dodd • Susan E. Scott
• Juan Saucedo • Steven L. Wood

Lake Elsinore Unified
School District

Field Trip Guide for Teachers

Did You Know?



Steps to Take to Plan a Field Trip

For a **Day Trip** complete the following to send to the Administrative and Instructional Technology Support Services at the District Office:

- 1) Field Trip Request Form to site secretary 4- 6 weeks in advance
- 2) Transportation Requisition (plan well in advance for special needs transportation)
- 3) Safety/Risk Approval (E-mail Julie Scranton with who, what, when, where, chaperone/ student ratio, and Student Supervision Plan for trip @ julie.scranton@leusd.k12.ca.us)
- 4) Chaperone Permission Slips w/copy of ID Badges attached **OR** volunteer (A) or (B) Chaperone list, along with teacher's names. Volunteers must be current for school year
- 5) Funding Source (name) for trip
- 6) Funding Source (name) for subs (IF subs are required)
- 7) If trip is paid by donations, ASB, etc., please indicate
- 8) If trip is paid by ASB (attach ASB minutes – Middle, K-8, High Schools only)

Overnight or Out-Of-State field trips require Board approval and “must be submitted to Board 60 days prior to the date desired” (AR 6153). Complete the following and send to the Administrative and Instructional Technology Support Services at the District Office:

- 1) Field Trip Request Form to secretary 6-8 weeks in advance
- 2) Transportation Requisition
- 3) Safety/Risk Approval (Email Julie Scranton with who, what, when, where, chaperone/student ratio, and Student Supervision Plan for trip — Insurance verifications from vendor may also be required)
- 4) Chaperone Permission Slips w/copy of ID Badges attached **OR** (B) chaperone list, along with teacher's names. Volunteers must be current for school year
- 5) Chaperone Overnight Activity Agreement
- 6) Funding Source (name) for trip

- 7) Funding Source (name) for subs (If subs are required)
- 8) If trip is paid by donations, ASB, etc., please indicate.
- 9) If trip is paid by ASB (attach ASB minutes Middle, K-8, High Schools only)
- 10) Flyer on Field Trip
- 11) Motel/Hotel and out of state transportation arrangements

Where to Find Forms

All Field Trip forms (in English and Spanish) can be found in the Outlook Public Folders/All Public Folders/District Forms/ISS/Field Trips. From your Outlook email account click on the folder icon



to open Public Folders.

Chaperone Best Practices and Expectations

Your Site Administrator will set the policy about whether or not Volunteer A's may accompany students on a day field trip. Only B volunteers are approved for overnight or out of state field trips. Your chaperone's/volunteers (A or B) need:

- ◆ To be grouped in pairs for accountability and emergency response purposes (including on the bus and at the venue)
- ◆ To read and understand the Student Supervision Plan for each trip
- ◆ To give their full attention to student supervision on each trip and avoid distractions of cell phone use or interpersonal relationships; no younger or older student siblings are allowed to accompany chaperones on field trips
- ◆ To be trustworthy

Our duty to adequately supervise our students is increased not decreased when we take them past our fences to another venue.

What is “Adequate Supervision” for My Field Trip?

When students are taken on a field trip there may be a docent who guides student learning, but our duty to supervise student behavior and safety cannot be given over to an employee of another organization. With that in mind, consider the following:

- What is the age and maturity of my students?
- Are there any disability or medical needs that may require an extra person or a CPR trained person?
- Do I have enough chaperones to have “pairs” for bathroom breaks and emergencies?
- What does the venue require? Is the venue accessible to all of my students?
- Are chaperone/student ratios proportional to gender of students?



First Aid Supplies
Permission Forms
Emergency Contact Information
Supervision Plan
LEUSD ID Badges for ALL Chaperones

General Recommendations for
Out of District Field Trips

1:35 Ratio per Board Policy 6153

REVISED 9/18

School: _____ Date: _____

If transportation is required, call transportation to reserve date and time and submit a transportation requisition Form to their office. This must be done simultaneously to submittal of this form.

Field Trip Name: _____

Destination:

Accommodations:

Purpose of trip/educational benefit: _____

Departure Date: _____ Time: _____ **Return** Date: _____ Time: _____

Person/s in charge: _____ Position: _____

No. Student participants: _____ No. adults/chaperones on trip (**1:35 students – New Board Policy**): _____

Transportation Request attached: _____ Date Reservation verified: _____

Please check one: District Vehicle: _____ Hired Vehicle: _____ No District Transportation provided: _____

Vehicle Type: Bus _____ Van _____ Trip # _____

Type of Field Trip: A _____ One Day, School/Non-School Day/Special Event
 B _____ Overnight/Out-of-State/Trip to Foreign Country

Type of Field Trip	Approval (attach email approval)	Approval Time
A – One Day, School/Non-School Day/Special Event	Site Administrator Director of Transportation Safety /Risk Services School Nurse Food Services	4-6 weeks prior
B – Overnight/Out-of-State/Trip to Foreign Country	Site Administrator Director of Transportation Safety/ Risk Services School Nurse Food Services Board Approval	6-8 weeks prior

Approximate Cost of Trip, **per student**: _____

Funding Source (Name): _____

I have read and will abide by the Board Policy and Administrative Regulation 6153 pertaining to field trips.

Requested by: _____ Date: _____
Name and Position

Approvals:

Site Administrator: _____ Date: _____

Board Approval Date (if required): _____



LAKE ELSINORE UNIFIED SCHOOL DISTRICT

ANNUAL FIELD TRIP REQUEST FORM

School: _____ Date: _____

This **form** is required for all field trips sponsored by the district for related ANNUAL athletics, school band, ROTC, competitive dance teams, cheer teams, and other year-long/seasonal rostered excursions.

If transportation is required, call transportation to reserve date and time and submit a transportation requisition Form to their office. This must be done simultaneously to submittal of this form.

Field Trip Name: _____

Destination(s) & Date(s): ATTACH SEASON/YEAR-LONG SCHEDULE

Accommodations (if applicable): _____

Purpose of trip/educational benefit: _____

Person(s) in Charge: _____ Position: _____

No. Student Participants: _____ No. Adults/Chaperones on Trip (**1:35 students – New Board Policy**): _____

Transportation Request attached: _____ Date Reservation verified: _____

Please check one: District Vehicle: _____ Hired Vehicle: _____ No District Transportation provided: _____

Vehicle Type: Bus _____ Van _____ Trip # _____

Type of Field Trip: A _____ One Day, School/Non-School Day/Special Event
B _____ Overnight/Out-of-State/Trip to Foreign Country

Type of Field Trip	Approval (attach email approval)	Approval Time
A – One Day, School/Non-School Day/Special Event	Site Administrator Director of Transportation Safety /Risk Services School Nurse Food Services	4-6 weeks prior
B – Overnight/Out-of-State/Trip to Foreign Country	Site Administrator Director of Transportation Safety/ Risk Services School Nurse Food Services Board Approval	6-8 weeks prior

Approximate Cost of Trip, **per student**: _____

Funding Source (**Name**): _____

I have read and will abide by the Board Policy and Administrative Regulation 6153 pertaining to field trips.

Requested by: _____ Date: _____
Name and Position

Approvals:

Site Administrator: _____ Date: _____

Board Approval Date (if required): _____



LAKE ELSINORE UNIFIED SCHOOL DISTRICT

SITE CHECK OFF LIST FOR FIELD TRIPS

Trip Sponsor _____ School _____

Trip Destination _____ Trip Date(s) _____

**Complete and return ALL forms: 4-6 weeks *PRIOR* for Day trips
6-8 weeks *PRIOR* for Overnight trips**

A. DISTRICT NEEDED ITEMS

DATE

INITIAL

Step I: Teacher

- Field Trip Request Form
- Event Flyer

Principal

Step II: Secretary (or other identified office staff coordinator)

- Submit transportation request
- Submit adult/chaperone permission participation forms
- Approx. student count (NO names) - _____
(Final Student List to be submitted to District BEFORE departure date)

Step III: Chaperone Release forms (Recommended 1 chaperone per 35 students)

- All Chaperone Release forms must be attached

Please note: Chaperone badges must be on your person at all times during the field trip!

Step IV: Risks and Safety checked

- Attached e-mail approval from **Julie Scranton**
- Administrator to be notified in case of emergency after school hours:

Name: _____ Emergency Contact Number: _____

Step V: FINAL APPROVAL (including Transportation)

- Admin. & Instructional Tech. Support Services (AITSS) will provide District Approval, in writing, to Field Trips submitted **within timelines** set forth above.
- District Approval Process must be completed **PRIOR** to District Transportation being approved.

B. SITE NEEDED ITEMS**DATE****INITIAL****Step I: Teacher**

- Student Permission Slips (**NO need to submit to District**)

Step II: Food Service Cafeteria

- List of participating students/staff (**NO need to submit to District**)
- Request for sack lunches (free & reduced and/or others)
- Are there any allergy considerations?
 - If yes, notify district/site school nurse:

Step III: Review Special Education and 504 Accommodation Plans

- Reviewed by teacher for required accommodations

Step IV: District Nurse (at site)

- CPR/FA
(EC 49414 requires Current CPR/FA for any Emergency medication or Specialized Care Procedure)

- Student Specific Health Instruction

- Special trained staff as may be required:

Name(s): _____ Date(s): _____

Name(s): _____ Date(s): _____

- District **NURSE** to be notified in an emergency during school hours:

Name: _____ Phone: _____

- First-Aid Kits (if required)

- Student medication

- List of student requiring medication during field trip
- Complete medication authorization form is required for each medication
- List of Staff in charge of administering medication
(EC 49423 requires current CPR/FA for staff to assist in the administration of medication)

- Staff Member: _____ • Position: _____

- Medical treatment release for extended trip/events

Step V: Principal Approval (when all of above is completed)

- Board Approval requested/completed*
(***REQUIRED** for all overnight trips & tours 6-8 weeks prior)
- Trip Sponsor retain original
- Site file copy

Trip Advisor Signature: _____ **Date:** _____**Principal's Signature:** _____ **Date:** _____



LAKE ELSINORE UNIFIED SCHOOL DISTRICT

545 Chaney Street
Lake Elsinore, CA 92530
951- 253-7000

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION TEACHER/STAFF MEMBER CONSENT FORM

I will be accompanying students of _____ School,
of the Lake Elsinore Unified School District, as a teacher or staff member advisor to:

Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

- ☐ **In my capacity as teacher/staff member, I understand that I will be providing student supervision. I agree to abide by FERPA guidelines of confidentiality for any student I may be supervising.**
- ☐ **As a field trip advisor (teacher or staff member) supervising students, I understand that I am responsible to abide by all Board Policies while on this field trip.**
- ☐ **Any LEUSD employee attending this field trip as a volunteer chaperone, outside the course of their regular duties, shall complete the Adult Chaperone Release Form [E 6153 (c)].**

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. *If my injury or illness is related to this field trip work assignment, I will file the appropriate claim forms immediately upon my return to school.*

Name (please print)

Date

Signature

Date



LAKE ELSINORE UNIFIED SCHOOL DISTRICT

STUDENT VOLUNTARY EXCURSION/FIELD TRIP NOTICE/PERMISSION

Please print student name

Date of Birth

School

has my permission to participate in the following voluntary activity/field trip:

Departure Date & Time: _____ Return Date & Time: _____

- I understand that the law states in California Education Code Section 35330, that the Lake Elsinore Unified School District, its officers, agents and employees are held harmless from liability or claims which may arise out of or in connection with my child's participation in this activity.
- In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist of the hospital or facility furnishing medical or dental services.
- I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in being sent home at the expense of the parent/guardian.
- **I understand that all field trips begin and end at the school.**
- Transportation will be provided by:
____ District Bus ____ District Chartered Bus ____ District Van ____ Parent
Other: Please describe _____
- **IMPORTANT** Note to Parent/Guardian: (1) All medications, excepting those which must be kept on the student's person for emergency use (EpiPen/Inhaler) must be kept and distributed by the staff; **I understand that it is my responsibility** to provide all medications and the proper documentation for each medication. (2) If any medications are to be taken by student, a medication authorization **MUST** be provided for each medication including over the counter medication. All medication will be provided by the parent in the original container with student name, medication name, dosage schedule and route, physician's name and date of expiration of prescription.

Parent/Guardian (PLEASE PRINT)

Best Contact

Parent/Guardian Signature

Date

This waiver is required for participation in athletics



DISTRITO ESCOLAR UNIFICADO DE LAKE ELSINORE
PERMISO/AVISO DE EXCURSIÓN VOLUNTARIA DEL ESTUDIANTE

Nombre del estudiante en letra de molde _____ Fecha de nacimiento _____ Escuela _____

tiene mi permiso para participar en la siguiente actividad/salida voluntaria:

Fecha & Hora de Partida: _____ Fecha & Hora de Regreso: _____

- Yo entiendo que la ley dice en la Sección 35330 del Código de Educación de California, que el Distrito Escolar Unificado de Lake Elsinore, sus oficinas, agentes y empleados serán dejados a salvo de responsabilidad o reclamaciones las cuales pueden suceder con respeto a la participación en esta actividad.
- En caso de enfermedad o lesión, doy mi permiso a cualquier radiografía, examen, anestésico, diagnóstico o tratamiento médico, quirúrgico o dental y atención médica si es considerada necesaria por el médico, cirujano, o dentista a cargo del hospital o localidad donde los servicios médicos o dentales son ofrecidos.
- Yo comprendo muy bien que los participantes deben cumplir con todas las reglas y regulaciones que gobiernan la conducta durante el paseo. Cualquier violación de estas reglas y regulaciones puede resultar en que el estudiante sea enviado a la casa al costo de los padres.
- **Entiendo que todo paseo educativo empieza y termina en la escuela.**
- La transportación será proporcionada por:
_____Autobús Escolar. _____Autobús Alquilado por el Distrito. _____Furgoneta del Distrito
_____Vehículo Privado. _____No aplica. _____Otro: Favor de describir _____
- **IMPORTANTE:** (1) Todo medicamento, excepto los que el estudiante debe de mantener en su persona para emergencias (EpiPen/Inhalador) deben ser mantenidas y distribuidas por los empleados; **Yo entiendo que es mi responsabilidad** proveer todos los medicamentos y documentación adecuada para cada medicina. (2) Si el estudiante se tomará sus medicinas, una autorización médica **DEBE** existir para cada medicamento incluso medicamento sin receta. Todo el medicamento será proporcionado por los padres en el envase original con el nombre del estudiante, nombre de la medicina, la dosis, el horario y vía de administración, nombre del medico y fecha de vencimiento de la receta medicinal.

Padre/ Tutor (por favor imprima) _____

Mejor numero de contacto _____

Firma de Padre/ Tutor _____

Teléfono _____

Esta renuncia es necesaria para participar en atletismo



Lake Elsinore Unified School District

Student Overnight Activity Agreement

Students and parents will be asked to read, agree and sign the following form to participate in any overnight field trip, retreat, competition or activity connected with the Lake Elsinore Unified School District. The Lake Elsinore Unified School District believes that these guidelines should be followed to ensure that all students have a safe and enjoyable activity.

The student agrees to the following:

1. I am responsible for my own actions and will conduct myself in an appropriate manner at all times.
2. Since this is a district and school-sponsored activity, I will follow ALL district and school rules. I understand that all district and school rules will be enforced and appropriate discipline will be taken at school if any district and/or school rules are broken.
3. I agree to attend and participate in ALL scheduled activities and in the case of a problem; I am to clear my absence with my advisor in advance.
4. I agree to remain on the premises or with the group at all times; anyone leaving the “premises or site” or group without permission will be sent home immediately at the parent’s expense and notice will be sent to the principal.
5. Out of respect for others and to allow everyone to feel safe, I agree to stay in my own room and out of the rooms of others. IF BOYS ARE FOUND IN GIRLS ROOMS OR GIRLS IN BOYS ROOMS, students will be sent home at the parents’ expense and notice will be sent to the principal.
6. I will abstain from the use or possession of alcohol, tobacco, and other drugs while attending the activity. I understand that if alcohol, tobacco or other drugs are found in a room, everyone in that room may be subject to disciplinary action. I also understand that alcohol, tobacco or drug use will be treated the same as if I were on school grounds.
7. I agree to abide by all curfews.
8. If I have a cell phone, beeper or electronic media device, it will stay off during the activity and the district will not be responsible for any loss or theft of these devices.
9. I understand that in the event that I am staying in a hotel room, any additional expenses, such as telephone charges, room service, etc. will be my responsibility and will not be paid by the school.
10. I understand that violations of any of the above stated terms and conditions will subject me to immediate disciplinary action and I will have no right of appeal until returning from this trip. My parents/guardians will be notified and if necessary, will be responsible for my transportation home.
11. I have read and reviewed the LEUSD Discipline Policy provided.

As a committed participant in this overnight school activity, I understand the rules and regulations as stated above.

Student Signature _____ Date _____

As a parent, I understand the rules and regulations as stated above and will support the adult supervisors in the responsibility and judgment of caring for my child.

Parent Signature _____ Date _____



LAKE ELSINORE UNIFIED SCHOOL DISTRICT

545 Chaney Street
Lake Elsinore, CA 92530
951- 253-7000

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION ADULT CHAPERONE RELEASE FORM

I will be accompanying students of _____ School,
of the Lake Elsinore Unified School District, as a chaperone to:

Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

In my capacity as chaperone, I understand that I will be providing student supervision. I agree to abide by FERPA guidelines of confidentiality for any student I may be supervising.

As stated in California Education Code Section 35330, I understand that I hold the Lake Elsinore Unified School District, its agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity.

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses may be the responsibility of the participant.

Name (please print)

Date

Signature

Date

In the event of illness or accident, please notify:

Name

Phone

☐ Volunteer "A" Badge

or

☐ Volunteer "B" Badge

(Please attach copy of badge)



DISTRITO ESCOLAR UNIFICADO DE LAKE ELSINORE

545 Chaney Street
Lake Elsinore, CA 92530
951- 253-7000

NOTIFICACIÓN DE EXCURSIÓN / PASEO VOLUNTARIO Y AUTORIZACIÓN MÉDICA FORMULARIO DE DESCARGO – ACOMPAÑANTE ADULTO

Estaré acompañando a estudiantes de la Escuela _____
del Distrito Escolar Unificado de Lake Elsinore, como acompañante adulto a:

Destino: _____

Fecha de partida y hora: _____ Fecha de regreso y hora: _____

En mi capacidad como acompañante, Tengo entendido que estaré supervisando a los estudiantes. Estoy de acuerdo de cumplir con los reglamentos de confidencialidad de FERPA para cualquier estudiante que pueda vo estar acompañando.

Como se afirma según el código de educación sección 35330, Yo entiendo que mantendré al Distrito Escolar Unificado de Lake Elsinore, sus agentes y empleados, sin peligro de caer en cualquier demanda o reclamo, que pueda surgir fuera de o en relación con mi participación en esta actividad.

En caso de enfermedad o lesión, consiento a lo siguiente: sacar una radiografía, exámenes, anestesia, diagnóstico médico, dental o quirúrgico o tratamiento y cuidado en el hospital por un médico o cirujano con licencia lo que sea necesario para mi seguridad y bienestar. Se entiende que los gastos que resulten pueden ser la responsabilidad del participante.

Nombre (letra de molde)

Fecha

Firma

Fecha

En caso de la enfermedad o accidente, por favor notificar a:

Nombre

Teléfono

☐ Voluntario Placa “A” o ☐ Voluntario Placa “B”

(Por favor Anexe copia de placa de identidad)



Lake Elsinore Unified School District

Chaperone Overnight Activity Agreement

Chaperones will be asked to read, agree and sign the following form to participate in any overnight field trip, retreat, competition or activity connected with the Lake Elsinore Unified School District. The Lake Elsinore Unified School District believes that these guidelines should be followed to ensure that all students have a safe and enjoyable activity.

The Chaperone agrees to the following:

1. I am responsible for my own actions and will conduct myself in an appropriate manner at all times.
2. I will follow and enforce ALL district and school rules. I understand that all district and school rules will be enforced and appropriate discipline will be taken at school if any district and/or school rules are broken.
3. I agree to remain on the premises or with the group at all times. If I leave the “premises/site” or group without the permission of site administrator, I will be released from my chaperone duties.
4. I will abstain from use or possession of alcohol, tobacco, and other drugs use or while attending the activity.
5. I agree to enforce all student curfews.
6. I understand that in the event that I am staying in a hotel room, any additional expenses, such as telephone charges, room service, etc. will be my responsibility and will not be paid by the school.
7. I understand that violations of any of the above stated terms and conditions will subject me to immediate volunteer badge removal and/or disciplinary action and I may be responsible for my own transportation home.
8. I have read and reviewed the LEUSD Discipline Policy provided.
9. I agree to abide by *FERPA (Family Education Rights and Privacy Act) guidelines for Confidentiality of Health information of the students under my supervision.

As a committed participant in this overnight school activity, I understand the rules and regulations as stated above.

Chaperone's Signature _____ Date _____

As the administrator, I understand the rules and regulations as stated above and will support the adult supervisors in the responsibilities and duties.

Administrator's Signature _____ Date _____

*The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education and health records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education or health record.”

2018 -2019 Field Trip Packet

- Teacher Brochure
- Field Trip Request Form
- ANNUAL Field Trip Request Form
- Check Off List:
 - District Needed Items
 - Site Needed Items
- Teacher/Staff Consent Form
- Student Permission Slip
- Student OVERNIGHT Activity Agreement
- Adult Chaperone Release Form
- Chaperone OVERNIGHT Activity Agreement