

Category 2 Field Trip Packet | 2026-27

All pages of this packet must be fully completed to be accepted.

Important Reminders:

Deadline | Paperwork for Category 2 trips must be submitted at least 45 school days in advance.

- ASB trips will now also go through the ASB approval process, so this deadline is firm.

Roster | You must attach a roster to your paperwork listing all students who may potentially attend. If the trip is open to all students or multiple groups of students, please include the students most likely to participate and specify who the trip is open to. An official roster must still be submitted to the Attendance Secretary in addition to this at least one day prior to the trip.

Financial Plan | A financial plan must now be completed for ALL trips. If your trip has no associated costs (bus, substitutes, registration, meals, etc.), please indicate this on the financial plan.

- You must include the estimated cost for each category and note which account will be used.
- If you need bus estimates, contact the Activities Secretary (Holli Porter) so you can accurately complete your financial plan and PO Request Form.

PO Request Forms | If you plan to use any ASB accounts/funds for your trip, you must complete a PO Request Form (there should be one completed for each vendor) and attach it to your paperwork at the time of submission. This form is available outside the Activities Center or on the ASB site page.

Fundraiser Request Forms | If students will be paying the school for a trip, you must complete a Fundraiser Request Form and attach it to your paperwork at the time of submission. This form is available outside the Activities Center or on the ASB site page.

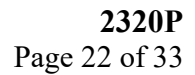
Sleeping Arrangements | Coordinating staff members and adult supervisors must have rooms that are separate but adjacent to the rooms of students under their supervision. Students must have individual sleeping accommodations or access to their own designated space for sleeping and shall be separated by gender, age difference, and to accommodate students with unique needs or circumstances.

Transportation | All stops for your trip, including times, must be listed on your paperwork. If you run out of space, attach an additional sheet or include the information in the notes section.

Buses | Be sure to indicate whether the bus will be staying on-site or doing drop-off/pick-up only so the request can be entered correctly. A standard bus holds 48 people at two students per seat.

Type 2 | If you are driving students, you must hold an active T2 license. If you are unsure of your license status, check with the Activities Secretary (Holli Porter). Any required forms should be updated at least two weeks prior to your trip date to allow time for processing.

Chaperones | It is recommended that a minimum of two (2) adults supervise a field trip. Out-of-state field trips require at least two (2) adult supervisors to accompany students. Preferably, a male and female adult supervisor if there will be male and female students on the field trip.



Distribution:

- ☐ Health Room
- ☐ School Kitchen Manager

School: _____		Trip date(s): _____			
Trip name: _____ (Add trip code if not using Durham buses)					
Trip type:	☐ ASB ☐ ATH ☐ CTE ☐ FT	Activity type:	☐ Category 1 (Single-Day, Extended Day, In-State) ☐ Category 2 (Overnight_Out-of-State*, Outdoor Education Program) ☐ Category 3 (International Travel)		
Reason for trip: _____					
Account/Budget: _____					
Requester: _____					
PO number: _____					
Origin: _____		☐ One-Way Trip			
Departure date: _____	Arrive at school: _____	☐ AM	☐ PM		
	Depart from school: _____	☐ AM	☐ PM		
Return date: _____	Return to school: _____	☐ AM	☐ PM		
Destination: _____					
Arrival date: _____	Arrive at destination: _____	☐ AM	☐ PM		
Departure date: _____	Depart from destination: _____	☐ AM	☐ PM		
	Return to school: _____	☐ AM	☐ PM		
Additional destinations: _____					
☐ District bus ☐ District vehicle (T2) (List driver names in notes)					
☐ Commercial transportation ☐ Charter bus* (CH) (Example: Airline; shuttle) Requires prior approval (Charter company name)					
☐ No district transportation provided (NT) ☐ Operation School Bell (OSB) ☐ Other: _____					
Number of:	Adults	Students	Wheelchairs	Vehicles	Special accommodations (list below or in notes)
				1**	
Contact name: _____		Contact phone: _____			
(Trip coordinating staff member)					
Notes: 					
Bus with storage required: ☐ Yes ☐ No ☐ Bus drops off/picks up ☐ Bus stays					

Employee name	Substitute name	Start date	End date	Time needed
				☐ Full ☐ AM ☐ PM
				☐ Full ☐ AM ☐ PM
				☐ Full ☐ AM ☐ PM
Approval for Out-of-State*		Approval for Charter Bus		
_____ Superintendent	_____ Date	_____ Transportation Supervisor	_____ Date	

Revised: August 2018
Revised: July 2025



ASB POs & FUNDRAISER REQUEST FORMS
MUST BE ATTACHED FOR APPROVAL --
paperwork will be sent back if they are missing

2320P
Page 28 of 33

Field Trip Category 2 and 3
Overnight, Out-of-State and International Travel Report

This form must be submitted for all overnight, out-of-state, and international field trips. For overnight trips, submit this form to the regional superintendent's office at least thirty-five (35) school days prior to the trip. Out-of-state travel (including Victoria and Vancouver BC area) requires prior approval of the superintendent. Submit this form to the regional superintendent's office (to be provided to the superintendent) at least forty-five (45) school days prior to the trip. International travel requires school board approval. This form must be submitted to the regional superintendent's office at least one-year prior. In all cases, complete the Required Supplementary Information form to explain special events; fundraising activities; meal and lodging provision; any benefits to adult supervisors beyond transportation, lodging, and meals; and other pertinent information including lodging and emergency contact numbers for staff members.

SEND COMPLETED FORMS TO THE APPROPRIATE REGIONAL SUPERINTENDENT'S OFFICE

School _____ Trip dates _____ Staff member in charge _____
Trip name _____ Destination _____
Number of students _____ Number of adult supervisors _____ Teachers _____ Parents/guardians _____

FINANCIAL PLAN

☐ Detailed budget attached ☐ Budget below (complete only if detailed budget is not attached)

EXPENSES	TOTAL COST # of participants x \$ per participant = Total Cost (e.g., 13 x \$5 = \$65)	TOTAL COST TO BE PAID FROM:				TOTAL	COMMENTS
		ASB Fund	General Fund	Other Fund	Individual Students		
Student transportation	_____ x \$ _____ = _____						
Student lodging	_____ x \$ _____ = _____						
Student meals	_____ x \$ _____ = _____						
Student other (Registration, etc.)	_____ x \$ _____ = _____						
Staff transportation	_____ x \$ _____ = _____						
Staff per diem lodging	_____ x \$ _____ = _____						
Staff per diem meals	_____ x \$ _____ = _____						
Staff other (Registration, etc.)	_____ x \$ _____ = _____						
Release time substitutes	_____ x \$ _____ = _____						
TOTAL							

No funds that have been or are to be deposited with the district can be committed until all needed approval has been obtained.

APPROVAL(S): The building administrator of each participating school must sign.
STEM/CTE budget requires prior approval. Please contact that office for budget code.

Reviewed by:

Building Administrator	Date	ASB Student Representative	Date
STEM/CTE Budget Authority	Date	ASB Advisor	Date
Non School Budget Authority	Date	ASB Treasurer	Date

Field Trip Category 2 and 3

Overnight, Out-of-State and International Travel Report

Required Supplementary Information

This form must be submitted for all overnight, out-of-state, and international field trips.

Field Trip Description and Itinerary

Along with the Informed Consent Notice and the Assumption of Risk for Overnight Field Trips form, parents/guardians must be provided with a completed field trip description and itinerary form.

Special Events (parades, concerts, etc.)

Fundraising Activities (If none, please indicate that no student will be denied participation due to lack of funds.)

Lodging and Meal Provisions
Benefits to Adult Supervisors beyond Transportation, Lodging and Meals

Other Pertinent Information (Include all telephone numbers at which you can be reached during the trip. This is especially important for overnight trips.)

Lodging information:
Additional information (if any):

Name: _____

Address: _____

Phone: _____

Emergency phone number of coordinating staff member(s):

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Field Trip Informed Consent Notice Adult Supervisor

Trip name		Trip date(s)		Adult supervisor name	
Reason for trip: _____					
Trip coordinating staff: _____					
Coordinating staff member signature		Date		Building administrator signature	
				Date	
Destination: _____			Name of lodging: _____		
Lodging address: _____			Lodging phone: _____		
Origin: _____		Destination: _____		Number of:	
Departure date: _____		Arrival date: _____		Adults: _____	
Departure time: _____ ☐ AM ☐ PM		Arrival time: _____ ☐ AM ☐ PM		Students: _____	
Return date: _____		Departure date: _____		A completed field trip description and itinerary form MUST be provided.	
Return time: _____ ☐ AM ☐ PM		Departure time: _____ ☐ AM ☐ PM			
<u>Type of transportation</u>					
☐ District bus		☐ District vehicle		☐ Commercial transportation	
				☐ Charter bus	
☐ No district transportation provided (parent/guardian arranged transportation)			☐ Other: _____		

SECTION TO BE COMPLETED BY ADULT SUPERVISOR

_____ Adult supervisor name	☐ District staff member ☐ District approved volunteer
--------------------------------	--

Medical Information

☐ I **do not** have any special health problems.

List any special health problems. The following special health problems should be noted, and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

I ☐ **am not** taking any medications or topical(s) on this field trip.

I ☐ **am** taking the following medication(s) or topical(s) on this field trip.

Name of medication: _____ Name of medication: _____

Name of prescribing health care provider: _____ Phone number: _____

Medical Release

In the event of an accident or illness that is life threatening, I authorize the school district to secure emergency medical care as needed.

Name of primary care doctor _____ Doctor's phone: _____

Primary care doctor's clinic _____ Clinic phone: _____

Name of insurance carrier _____ Policy number: _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. I understand that the school district will make **all** reasonable effort to provide a safe environment. I acknowledge that this activity entails known and unknown and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Being fully aware of the risks, I hereby give my consent as an adult supervisor to participate in the activity. My signature reflects my knowledge of the details of the trip and the itinerary.

_____ Signature of adult supervisor	_____ Date
--	---------------

Adult supervisor name: _____	Cell/Home phone: _____
Home address: _____	Work phone: _____
Emergency contact name: _____	Emergency contact phone: _____

Please **return this form** to _____ before (date) _____ and keep any attachment for your information.

Field Trip Student Informed Consent Notice

_____ Trip name	_____ Trip date(s)	_____ Student name
--------------------	-----------------------	-----------------------

Reason for trip: _____

Trip coordinating staff: _____

_____ Coordinating staff member signature	_____ Date	_____ Building administrator signature	_____ Date
--	---------------	---	---------------

Destination: _____ Place of lodging: _____

Lodging address: _____ Lodging phone: _____

Origin: _____ Destination: _____ Number of: _____

Departure date: _____ Arrival date: _____ Adults: _____

 Departure time: _____ ☐ AM ☐ PM Arrival time: _____ ☐ AM ☐ PM Students: _____

Return date: _____ Departure date: _____ A completed field trip

 Return time: _____ ☐ AM ☐ PM Departure time: _____ ☐ AM ☐ PM description and

 itinerary form **MUST**

be provided.

Student will be RELEASED from class: _____ Date/Time	Student will RETURN to class: _____ Date/Time
--	---

Type of transportation

- ☐ District bus
 ☐ District vehicle
 ☐ Commercial transportation
 ☐ Charter bus
- ☐ No district transportation provided (parent/guardian arranged transportation)
 ☐ Other: _____

SECTION TO BE COMPLETED BY PARENT/GUARDIAN

_____ Student ID number	_____ Student name
----------------------------	-----------------------

Medical Information

☐ My student **does not** have any special health problems.

List any special health problems. The following special health problems should be noted, and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

Any medication, prescription or non-prescription, must have signed orders from a licensed health care professional and parent/guardian.

 My student ☐ **IS NOT** taking any medications or topical(s) on this field trip.

 My student ☐ **IS** taking the following medication(s) or topical(s) on this field trip.

Name of medication: _____ Name of medication: _____

Name of prescribing health care provider: _____ Phone number: _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the student's parent/guardian immediately. However, if they are not available, I authorize the school district to secure emergency medical care as needed.

Name of primary care doctor: _____ Doctor's phone: _____

Primary care doctor's clinic: _____ Clinic phone: _____

Name of insurance carrier: _____ Policy number: _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. I understand that the school district will make **all** reasonable effort to provide a safe environment. I acknowledge that this activity entails known and unknown and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Being fully aware of the risks, I hereby give consent for my student to participate in the activity. My signature reflects my knowledge of the details of the trip and the itinerary.

_____ Signature of parent/guardian	_____ Date	_____ Emergency number
---------------------------------------	---------------	---------------------------

Parent/Guardian name: _____ Cell/Home phone: _____

Home address: _____ Work phone: _____

 Please **return this form** to _____ before (date) _____ and keep any attachment for your information.

Assumption of Risk for Overnight Field Trips

Parent/Guardian Name: _____ Date: _____

Student Name: _____ Student ID: _____

Parent/Guardian Phone: _____

Section 1: Scope of Field Trip

_____ wishes to participate voluntarily in _____ (“field trip”). In consideration of the permission by the Everett Public Schools, including its employees, officers, directors, and agents (the “district”) to participate in this field trip, I agree to the terms contained in this document.

Section 2: COVID-19 NOTICE

The novel coronavirus (“COVID-19”) has been classified by the World Health Organization as a global pandemic and has spread across the state of Washington. **COVID-19 may result in serious illness, debilitating injury, or death.** Older adults and people of any age, including children, who have serious underlying medical conditions might be at higher risk for severe illness or death from COVID-19.

The district has implemented certain measures in an effort to reduce the spread of COVID-19. However, notwithstanding any such efforts, it is not possible to guarantee that COVID-19 is not present nor to prevent field trip participants from exposure to, contracting, or spreading COVID-19. By participating in this field trip, I understand and acknowledge that my student, and subsequently my family or those with whom my student comes in close contact, may be exposed to the risk of contracting or spreading COVID-19. Certain activities associated with greater rates of disease transmission which expose visitors to a high risk of exposure to, contracting, or spreading COVID-19.

I understand that my student’s participation in this field trip is voluntary and is not required. By signing below, I acknowledge that I have carefully read the above, and that I understand the risks of COVID-19 associated with participating in this field trip. By signing below, I further acknowledge that I understand that the risk of exposure to, contracting, or spreading COVID-19 may result from the acts, omissions, or negligence of myself and others, including but not limited to the district employees, agents, representatives, volunteers; other students, program participants, and their families, and/or other individuals who may be present in attendance on this field trip. I knowingly and voluntarily assume such risks, including the risk of serious illness, debilitating injury, or death.

Section 3: Nonrefundable Deposits

Certain overnight field trips require families and the district to place nonrefundable deposits. If this field trip requires such a deposit, you will be informed by the field trip coordinator of the amount of and when such deposit becomes non-refundable. **If your student becomes unable to attend the field trip for any reason after a non-refundable deposit has been placed, neither the school nor the district will refund that amount to you unless the field trip venue also refunds the district. Therefore, the district strongly encourages you to consider purchasing appropriate travel insurance to protect against that risk. By signing below, I acknowledge this non-refundable deposit protocol and that I will have no cause for refund of any nonrefundable deposit should my student cancel participation in this field trip unless the field trip venue also refunds the district.**

I certify that I am 18 years of age or older, that I have read and understand the foregoing, and accept and agree to be bound by the terms and conditions of the above.

Printed Name_____
Signature_____
DateAdopted: August 2022

Field Trip Description and Itinerary Form

Who: *(Group/class)*

What: *(Event/trip)*

When: *(Departure date/return date)*

Where: *(Name/address of destination/lodging)*

Why: *(Purpose/goals/objectives)*

Cost:

Transportation:

What to wear: *(Clothing requirements)*

What to bring: *(Include special equipment or supplies)*

Food: *(Meal plan/arrangements)*

Potential hazards/special requirements:

Coordinating staff member(s) contact phone:

[illegible]