



HOOVER HIGH SCHOOL

FIELD TRIP REQUEST FORM



This form is for in-house use only. Requests for one-day field trips must be submitted ONE (1) month in advance. Requests for Overnight field trips must be submitted TWO (2) months in advance.

Person(s) Requesting (person(s) in charge on the field trip): _____

Date of Trip: _____

Departure Time from Hoover: _____ Return Time to Hoover: _____

Event: _____

Destination: _____

Funding Source: _____

Transportation: School Bus: ☐ *Private Auto: ☐ Rental Vans: ☐ Other/Walking: ☐

the method of Transportation is other indicate the method of transportation below:

*Students may NEVER drive other students. List all staff members attending the trip and indicate if they are driving:

Number of Students Attending: _____ Grade Level(s) of Students: _____

Number of School Personnel Attending: _____

Number of Non-School Personnel Attending: _____ (non school personnel **MUST** be fingerprinted and provide proof of approval to the front office)

State briefly the instructional (or other) objectives of this trip:

How is lunch being provided to the students:

Is this field trip REQUIRED or EXTRACURRICULAR: _____

Administrator (principal/designee) Approval

Date

DO NOT attach form in an e-mail. USE the submit button on the last page. You MUST be editing in Adobe Reader and have your Outlook open in order for the Submit Button to work



HOOVER HIGH SCHOOL FIELD TRIP ITINERARY



Meeting Time and Location: _____ in _____

Departure Time: _____

Stops in route-location and time:

Arrival Time: _____

Accommodations, if overnight: _____

Event Itinerary (i.e. times and location of meetings, classes or tours, lunch and/or dinner, etc. for each day of event; attach another sheet of paper, if necessary)

Departure to Return Time: _____

Return Time and Location: _____ Hoover High School

Contact phone number (teacher cell phone and/or reliable contact number AT the destination):



2023/2024 Field Trip Matrix

Trip Date	School	Destination	Purpose: Educational Outcome and standards being addressed	Students and Chaperones	Instructional Time off Site	Cost/Funding
	Hoover High School		Event: Group:	Students Chaperones	Day(s) missed	Cost: Funded by:

Event Itinerary: (attach a separate sheet if necessary)

- **Times and locations of meetings, classes or tours, lunch and/or dinner.**
- **Please list all stops in route, locations and times (inbound and outbound)**
- **Night time supervision plan**
- **Chaperone(s) Contact Numbers**



Fresno Unified School District
Request for Approval of Field Trip Involving Students
Over-Night – Two (2) Months in Advance

School: Hoover High School Group: _____

Destination: _____ Event: _____

Staff Attending: _____

Purpose: _____

Departure Date: _____ Return date: _____ # School days missed: _____

Organized by: _____ Work Phone: 559 451 4000 Cell Phone: _____

Chaperones: # male _____ # female _____
Students: # male _____ # female _____

Transportation: ☐ FUSD Bus/Van ☐ Charter Bus ☐ Private Auto ☐ Other _____

Estimated cost of Transportation: \$ _____ Cost per student: \$ _____

Accommodations: _____
(Hotel/Motel reservations only) Enter name, address and phone number of accommodations
Airbnb and Bed & Breakfasts (B&B's) are not allowed and will not be approved

Funding Source: _____

Estimated cost of accommodations: \$ _____ Cost per student: \$ _____

Estimated incidental expenses: \$ _____ Cost per student: \$ _____
(Including cost of meals, spending money, etc.)

Total trip cost: \$ _____ Total per student: \$ _____

Total paid by Fundraising: \$ _____ Total Out of pocket per student: \$ _____

Administrator (principal/designee) Approval Approved ☐ Denied ☐

Date Request Submitted

Instructional Superintendent's Signature Approved ☐ Denied ☐ Date

Chief Academic Officer's Signature Approved ☐ Denied ☐ Date

FRESNO UNIFIED SCHOOL DISTRICT
Field/Study Trip Planning Sheet

THIS IS A PRELIMINARY Senate APPROVAL FORM ONLY...ADDITIONAL FORMS ARE NEEDED FOR FIELD TRIPS

HOOVER HIGH SCHOOL

Advisor/Staff Name: _____

Club/Class Name: _____

Date(s) of Trip: _____

Time of Departure: _____

of Students: _____

Time of Return : _____

Traveling To/Location of Purposed Event: _____ for a _____

Purpose of Trip/Description:

Transportation tentatively reserved: ☐ Yes ☐ No No. of Buses/Vans: _____

Account Balance: \$ _____ (Sufficient funds need to be available for fieldtrip)

Total Cost of Fieldtrip: \$ _____ (Projected or Actual)

Have funds been deposited to cover cost? ☐ Yes ☐ No

For Office Use

Field trip: ☐ Approved ☐ Not Approved

Financial Technician: _____ Date: _____

Administrator (principal/designee) Signature : _____ Date: _____

APPROVED BY: _____

FRESNO UNIFIED SCHOOL DISTRICT

APPROVED ON: _____

Parent Consent for Voluntary Field Trip/Excursion and Emergency Medical Authorization

To the Principal of **HOOVER HIGH SCHOOL** Student's Name: _____ ID#: _____

has my permission to participate in the field trip/excursion to _____

on _____ Departure Time: _____ Return Time: _____

with _____

LUNCH

- ☐ Pupil will be at school during lunch
- ☐ Pupil should bring sack lunch without liquid
- ☐ Other: _____

METHOD OF TRANSPORTATION

- ☐ Walking
- ☐ School Bus
- ☐ Private Auto
- ☐ Other: _____

PARENTS PLEASE NOTE:

It is necessary that parents specifically authorize their child to be included in this field trip/excursion. While supervision for this event will be furnished by the school, parents are hereby advised that such supervision by school personnel will occur only during the time period started above. Although the school district will take every precaution to assure the welfare and safety of your child while participating in this activity, it is important you understand the school district assumes no liability whatsoever in case of injury or accident. It is also important for the student and the parent/guardian to realize that injuries or accidents can occur and occasionally they can be catastrophic. Catastrophic means permanent, serious injury such as paralysis-partial or total, or even death. Further, I have been advised of the contents of the State of California Education Code Section 35330 which states in part: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

Print & Sign: _____
Approval Signature (Parent/Guardian) (Date)

(NOTE: TEACHERS MAKE A COPY OF THE PERMISSION SLIPS AND TAKE THE ORIGINALS WITH YOU ON THE TRIP. GIVE THE COPIES TO THE OFFICE)

Should it be necessary for my child to have emergency medical treatment while participating in this trip, I hereby authorize Fresno Unified School District to use their judgment in obtaining emergency medical service for my child. I further authorize any individual selected by Fresno Unified School District personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand that the Fresno Unified School District has no district insurance, which pays the medical, or hospital or any other costs that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility. The Fresno Unified School District has previously made available to me student insurance which can be obtained at my own expense.

_____ My child is covered by medical insurance: **Private Insurance** _____ **School Insurance** _____

_____ My child has the following medical problem that should be brought to the attention of the teacher:

Emergency Medical Authorization: (Parent/Guardian Please Complete)

Signature: _____
(Parent/Guardian)

Print Name: _____
(Parent/Guardian)

Student Name: _____ ID Number: _____

Address _____ Home Telephone Number _____ Cell Phone Number _____

☐ PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE IN THE SCHOOL
NOTE: This form must be completed for participating in all field trips conducted by Fresno Unified School District within the State of California.

HOOVER HIGH SCHOOL

Off-Campus Responsibility Slip

APPROVED BY: _____

APPROVED ON: _____

Requesting Person (person in charge on the field trip): _____

1. This form is to originate with the requesting teacher.
2. Office approval is to be secured **before** the form is taken to teachers for signatures.
3. The top part of this form must be completed by teachers of participating student then taken home for parent approval.
4. When this form is complete, it is to be returned to the requesting teacher.
5. Requesting teacher will then make a list of all students participating in activity and turn it in to Attendance at least **two days** before departure.

To the teacher of: _____ Student ID #: _____

with your permission this student will be excused from class on _____ at _____
(Date) (Time)

To attend: _____ at _____
(Activity) (Location)

This is a required field trip

☐

This is an extracurricular field trip

☐

If the field trip is required for a grade, the teacher cannot deny permission. If the field trip is extra-curricular, it is the teacher's discretion to deny or approve.

Period	Class	Teacher Approval	Comment
1			
2			
3			
4			
5			
6			

Transportation will be furnished by: _____

Submit Form



Medication on School Trip Form

This form must be received by the school nurse at least 7 days prior to a school trip and is mandatory for all students who will require medication(s) during their trip.

Student Name: _____
Last First M.I.

Date of Birth: _____

Student ID#: _____ School: Hoover High School Grade/Room #: _____/_____

TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER

Diagnosis or Reason for Medication during the school trip: _____

Name of Medication	Dose and Frequency	Route	Time(s) to be given on school trip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Possible **side effects** or other serious considerations regarding medication(s): _____

FOR AUTO-INJECTOR EPINEPHRINE (EpiPen):

Student is allergic to: _____

Student **may** carry EpiPen and self-administer ☐ Yes ☐ No (If yes, check statement below)

FOR ASTHMA INHALERS:

Student **may** carry asthma inhaler and self-administer ☐ Yes ☐ No (If yes, check statement below)

Does student need the prescribed medication _____ minutes before physical activity or sports? ☐ Yes ☐ No

☐ **I have instructed the student in the proper method to use his/her ☐ asthma inhaler and/or ☐ EpiPen and in my opinion the student is competent to safely self-administer the medication on a school trip.**

Health Care Provider Signature

Date: _____

Health Care Provider Name / Address (Please Print)

Phone: _____

PARENT REQUEST AND AUTHORIZATION:

I request that the designated school personnel assist my child with medication as ordered by the health care provider. I give permission for the school nurse to communicate with the health care provider on matters related to this medication.

I understand that the school must receive the medication in a container with a pharmacy label that indicates name of student, health care provider's name, medication, dose, route, and time to administer (over-the-counter medication must be in the original container). I understand that the medication must be delivered to the school by the parent, guardian, or adult designee.

I understand that my child may only take medication on a school trip (including over-the-counter) if the school has received ALL of the following: a) Current California-authorized health care provider order, b) Parent/ guardian signature, and c) Properly labeled medication.

Parent Statement for Emergency Seizure Medications: I understand emergency seizure medication on a school trip may be administered by trained unlicensed school personnel, parent, or parent designee according to state laws and regulations.

- I will notify the school nurse if the emergency seizure medication was administered to my child within 12 hours of child attending school trip.
- I will notify the school nurse with any change in my child's seizure activity.
- I will notify the school nurse at least 2 weeks in advance if my child will be attending any field trip, including overnight school trip. I understand physician clearance or new medication order may be required.
- I will maintain current phone numbers with school nurse and school office in case 9-1-1 is called.
- I will provide the necessary medication, supplies, and equipment.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____



VOLUNTARY SCHOOL DRIVER TRANSPORTATION AGREEMENT

Transportation of school children from one location to another by private automobile presents some unique risks. Drivers and owners of vehicles used for these purposes should understand and be willing to accept certain responsibilities and liabilities.

In the case of transportation *volunteered* by parents or school personnel, should there be any claim in an accident or injury, their (the driver's) insurance would apply.

Parents and school personnel driving automobiles for school planned activities and events must complete the form below. This will assure parents, children and the Fresno Unified School District of the driver's willingness to accept the legal responsibilities and liabilities involved.

DRIVER INSTRUCTIONS

When using your vehicle to transport students on field trips or other school activity trips, please:

1. Be sure that you have registered with the district for such purposes and have a valid driver's license and current liability insurance at or above the minimum amount required by law for each occurrence.
2. Check the safety of your vehicle: Tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed/has the same number of seatbelts. If you have a pickup truck, carry as many as can safely sit in the passenger compartment with seatbelts.
4. Require each passenger to use an appropriate child passenger restraint system (child seat or booster seat) or safety belt in accordance with law.
5. In case of an emergency call 9-1-1 and notify the district office at (559) 457-3000.

TRANSPORTATION

Destination: _____ Departure Date/Time: _____
Return To: Hoover High School Return Date/Time: _____

DRIVER (Check One): ☐ Employee ☐ Parent/Guardian ☐ Adult Volunteer

Name: _____ Date of Birth: _____

Address: _____ Driver's License Number: _____

Telephone Number: _____ Expiration Date: _____

VEHICLE INFORMATION

Name of Owner: _____ Year: _____

Address: _____ Make: _____

_____ License Plate Number: _____

Registration Expiration: _____ Seating Capacity including the driver: _____

INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____

Telephone Number: _____ Expiration Date: _____

Liability Limits of Policy: _____

DRIVER STATEMENT

I, _____, hereby certify that I have a valid California Driver's License and the minimum requirement of liability automobile insurance of at least \$100,000.00 per occurrence. I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I also certify that I am 21 years of age or over. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

I certify that I will ensure that all children will be restrained using the appropriate child passenger restraint system.

Signature: _____ Date: _____

Expectations and Requirements for Field Trips Volunteers and Staff

The Governing Board encourages parents/guardians and other members of the community to share their time, knowledge and abilities with our students. Volunteers shall act in accordance with district policies and regulations, as well as individual site requirements.

1. In case of emergency:
 - If non-life threatening, please call the designated staff member. (The number should be given out to you before you leave).
 - If a life-threatening emergency, please contact 9-1-1, then contact the designated staff member.
2. It is recommended, although not required, that each volunteer keep TB testing up-to-date. The TB testing is at the expense of the volunteer.
3. If volunteers hear about or observe evidence of child abuse, they will report the information to the site principal or designee immediately. District employee(s) are mandated reporters.
4. Confidentiality: We ask you to respect the confidentiality of what you may see or hear on campus and on field trips. Our students' right to privacy is of great importance, should be respected and is protected by Family Educational Rights and Privacy Act (FERPA).
 - Please respect the uniqueness of each child and the hard work of teachers by keeping any special information you may become aware of to yourself. Please ask the teacher about any classroom practice that is unclear or of concern to you. We would rather you ask us for clarification on any issues than have it be subject to speculation and discussion in the parking lot or neighborhood.
5. Education Code 35021 provides that a person who is required to register as a sex offender pursuant to Penal Code section 290 shall not serve as a volunteer. Registered sex offenders cannot serve as chaperones for field trips or other school activities.
6. Tobacco-Free Schools Board Policy 1120.1; this prohibition applies to all employees, students and visitors at any instructional program, activity or athletic event.
 - Non-adherence to the above Board Policy may result in the loss of the privilege to drive and/or supervise any student other than their own for the duration of their child(ren)'s enrollment at any FUSD school.
7. Field trips are for educational purposes. For the following reasons you should not take the students into snack shops, gift shops or on rides unless these sites/activities have been pre-approved.

- You may not be aware of any food allergies a student(s) might have.
 - Being accountable for allegations related to theft or damages.
8. Ask before you take pictures/video of the group – ask the Teacher.
- We have some students who are not allowed to have their picture/video taken.
9. When taking students to the restroom, please stay together.
- Monitor boys and girls as they go in and out.
 - If restrooms are too far apart, take one group and have the other group wait. Then take the other group.
10. Refrain from cell phone conversations or texting unless there is an emergency and the teacher is supervising your group.
11. Siblings and/or pets are not allowed on field trips as this will distract from chaperoning obligations.
12. Drive the same students in the same vehicle to and from field trip location and school, unless a change has been authorized by the designated staff member, classroom teacher and/or Administrator. Take roll of all students assigned to you upon leaving school site and before leaving field trip to return to school site.
13. Please remember that we are role models for our students. Always model respectful language, behavior, and dress appropriately at all time.

Please sign below verifying you have read and acknowledge the above Expectations and Requirements for Volunteers and Staff.

Signature

Date

Print Name

Phone Number

Employee Title *or write* **Volunteer**

FUSD Fingerprinted: YES NO