

Field Trip Request

Trip Details

Distribution:

- ☐ Health Room
☐ School Kitchen Manager

School: _____		Trip date(s): _____	
Trip name: _____ (Add trip code if not using Durham buses)			
Trip type:	<input type="checkbox"/> ASB <input type="checkbox"/> ATH <input type="checkbox"/> FT	Activity type:	<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 (Out-of-state requires prior approval of the superintendent) <input type="checkbox"/> Category 3 (Requires school board approval)
Reason for trip: _____			
Account/Budget: _____			
Requester: _____			
PO number: _____			
Origin: _____		<input type="checkbox"/> One-Way Trip	
Departure date: _____	Arrive at school: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
	Depart from school: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Return date: _____	Return to school: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Destination: _____			
Arrival date: _____	Arrive at destination: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Departure date: _____	Depart from destination: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
	Return to school: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Additional destinations: _____			
<input type="checkbox"/> District bus <input type="checkbox"/> District vehicle (T2) (List driver names in notes) <input type="checkbox"/> Commercial transportation (Example: Airline; shuttle) <input type="checkbox"/> Charter bus* (CH) _____ Requires prior approval (Charter company name)			
<input type="checkbox"/> No district transportation provided (NT) <input type="checkbox"/> Operation School Bell (OSB) <input type="checkbox"/> Other: _____			
Number of:	Adults	Students	Wheelchairs
			Vehicles
			1 *
Special accommodations (list below or in notes)			
Contact name: _____		Contact phone: _____	
(Trip coordinating staff member)			
Notes:			
Bus with storage required: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Substitute Request

Employee name	Substitute name	Start date	End date	Time needed
				<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM
				<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM
				<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM

Approval for Out-of-State	Approval for Charter Bus
<div style="display: flex; justify-content: space-between;"> <div>_____ Superintendent</div> <div>_____ Date</div> </div>	<div style="display: flex; justify-content: space-between;"> <div>_____ Transportation Supervisor</div> <div>_____ Date</div> </div>

*The number of buses will be assigned by Durham based on number of riders and needs.

Revised: August 2018
Updated: August 2022

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: _____	Student will RETURN to class: _____
Date/Time	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.

Field Trip Informed Consent Notice Adult Supervisor

Trip name	Trip date(s)	Adult supervisor name
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Reason for trip: _____

Trip coordinating staff: _____

Coordinating staff member signature	Date	Building administrator signature	Date
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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

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

A completed field trip description and itinerary form **MUST** be provided.

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 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 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 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:

Itinerary *(include details/major events/planned stops)*

Day	Date
<i>Est. times</i>	<i>Activities</i>
Day	Date
Day	Date

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