Distribution:
- ❑ Health Room
- ❑ School Kitchen Manager

Field Trip Request

Trip Details

School: HM Jackson High School Trip date(s): Various

Trip name: CTE Ambassador Events (Add trip code if not using Durham buses)

Trip type: ❑ ASB ❑ ATH ■ FT

Activity type: ■ Category 1 ❑ Category 2 (Out-of-state requires prior approval of the superintendent) ❑ Category 3 (Requires school board approval)

Reason for trip: Provide CTE Program support at a variety of events

Account/Budget: CTE 10-31-27-333-594100

Requester: Susan McCoard

PO number: _____

Origin: HM Jackson High School ❑ One-Way Trip

Departure date: Various Arrive at school: Various ❑ AM ❑ PM

Depart from school: Various ❑ AM ❑ PM

Return date: Various Return to school: Various ❑ AM ❑ PM

Destination: Various

Arrival date: Various Arrive at destination: Various ❑ AM ❑ PM

Departure date: Various Depart from destination: Various ❑ AM ❑ PM

Return to school: Various ❑ AM ■ PM

Additional destinations: Exact times will be communicated directly to transportation.

■ District bus ❑ District vehicle (T2) (List driver names in notes) ❑ Commercial transportation (Example: Airline; shuttle) ❑ Charter bus* (CH) _____ 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)
	2	16		1*	

Contact name: Susan McCoard (Trip coordinating staff member) Contact phone: 425-385-5280

Notes:

CTE Team will use school provided buses to transit to event unless students have a self-driving permission form on file

Bus with storage required: ❑ Yes ■ No

Substitute Request

Employee name	Substitute name	Start date	End date	Time needed
N/A	N/A			❑ Full ❑ AM ❑ PM
				❑ Full ❑ AM ❑ PM
				❑ Full ❑ AM ❑ PM

Approval for Out-of-State		Approval for Charter Bus	
Superintendent	Date	Transportation Supervisor	Date

*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

CTE Ambassador Events (Trip name) | Various (Trip date(s)) | _____ (Student name)

Reason for trip: Provide CTE Program support at a variety of events

Trip coordinating staff: _____

_____ (Coordinating staff member signature) _____ (Date) _____ (Building administrator signature) _____ (Date)

Destination: Various | Place of lodging: NA

Lodging address: NA | Lodging phone: NA

Origin: HM Jackson High School | Destination: Various | Number of:

Departure date: Various | Arrival date: Various | Adults: 2

Departure time: Various ❑ AM ❑ PM | Arrival time: Various ❑ AM ❑ PM | Students: 16

Return date: Various | Departure date: Various | A completed field trip description and itinerary form MUST be provided.

Return time: Various ❑ AM ❑ PM | Departure time: Various ❑ AM ❑ PM

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 Susan McCoard before (date) 11/1/24 and keep any attachment for your information.

Revised: August 2018
Revised: November 2019
Updated: August 2022

Field Trip Informed Consent Notice
Adult Supervisor

CTE Ambassador Events (Trip name) | Various (Trip date(s)) | _____ (Adult supervisor name)

Reason for trip: Provide CTE Program support at a variety of events

Trip coordinating staff: _____

_____ (Coordinating staff member signature) _____ (Date) _____ (Building administrator signature) _____ (Date)

Destination: Various | Name of lodging: NA

Lodging address: NA | Lodging phone: NA

Origin: HM Jackson High School | Destination: Various | Number of:

Departure date: Various | Arrival date: Various | Adults: 2

Departure time: Various ❑ AM ❑ PM | Arrival time: Various ❑ AM ❑ PM | Students: 16

Return date: Various | Departure date: Various

Return time: Various ❑ AM ❑ PM | Departure time: Various ❑ 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 Susan McCoard before (date) 11/1/24 and keep any attachment for your information.

Revised: August 2018
Updated: August 2022

Private Vehicle to and from District Activities

THIS FORM MUST BE COMPLETED BEFORE A STUDENT IS ALLOWED TO TRAVEL IN A PRIVATE VEHICLE TO AND FROM DISTRICT ACTIVITIES.
(Separate form to be completed by both driver and passenger)

TO BE COMPLETED BY DISTRICT

ACTIVITY(IES): CTE Ambassador Various Activities

LOCATION: Various

DATES: Various

District Transportation Available? ❑ Yes ❑ No

Principal's Signature _____ Date _____

TO BE COMPLETED BY STUDENT AND PARENT OR GUARDIAN

DRIVER:_____ AGE:___ PASSENGER(S):_____ AGE:____

TYPE OF LICENSE: ❑ INTERMEDIATE ❑ REGULAR _____ AGE:____

DATE OF ISSUE: _____ _____ AGE:____

I grant permission for _____ to travel to and from the activity described above
(Student's Name)
by private vehicle.

I understand that when a private vehicle is used for transporting students to and from district activities, the private vehicle operator or registered owner is responsible for carrying vehicle insurance with liability limits not less than the minimum required by the State of Washington, maintaining the vehicle in safe working condition and operating the vehicle within the rules set by the State of Washington.

I understand that when a private vehicle is used to transport students to and from district- sponsored activities, the private vehicle owner's insurance provides primary insurance coverage in case of an accident.

I agree to protect, indemnify, and hold harmless the Everett School District, its elected and appointed officials, employees, agents and staff for any and all claims or loss directly attributable to the use of private transportation as described herein, except for the sole negligence of the Everett School District.

I certify that I am the parent or legal guardian of _____ and that I have read and understood the above information.
(Student's Name)

Signature of Parent/Guardian _____ Date _____ Phone Number _____

I am a student at HM Jackson High School and I have read and understand the above information.
(School)

Signature of Student _____ Date _____

This form to be on file at the student's home school

If any changes occur, it is the responsibility of the student and parent to contact the school.

Adopted: January 13, 1997
Revised: November 2001
Revised: April 2019
Updated: September 2020