FIELD TRIP BOARD POLICY

A. VIEWPOINT

The Governing Board recognizes that field trips are important components in the instructional program of South Valley Preparatory School. Field trips that are properly planned and implemented can:

1. **supplement and enrich classroom procedures by providing learning experiences in an environment outside the classroom.**
2. **stimulate new interests among students.**
3. **help relate classroom experiences to the reality of the outside world.**
4. **bring all the resources of the community within the scope of a student's learning experience.**

B. TYPES OF SCHOOL-SPONSORED FIELD TRIPS

The Governing Board establishes four types of School-sponsored field trips/excursions, as follows:

1. **One-day trip taken on school days.**
2. **One-day trip taken on non-school days.**
3. **Overnight (one or more) trip taken on any days.**
4. **Trip to another State or foreign nation.**

Types 1 and 2 require advance approval of the Administration, while Types 3 and 4 require advance approval of the Governing Board.

The Administration shall prepare Administrative Rules dealing with the conduct of the four types of School-sponsored field trips, covering especially the points of risk management.

C. GUIDELINES

The Governing Board may allocate funds for School-related educational, cultural trips and athletic or school band excursions. Individual schools shall be provided with budgetary allocations so that effective planning can be made for such activities.

On all School-sponsored trips involving students, provisions shall be made for proper supervision by school employees. Parents are encouraged to participate in such supervision.

The School shall provide a first aid kit whenever students are taken on field trips under the supervision of a teacher, employee or agent of the school.

D. CONDUCT OF SCHOOL-SPONSORED FIELD TRIPS

1. One-Day Trip Taken on School Days

The standard "Parent/Guardian Voluntary Excursion/Field Trip Notice and Medical Authorization-Minor" form shall be obtained in advance for all minor students going on one-day School-sponsored field trips. Any volunteer adults who accompany staff and students on the trip must file in advance a "Voluntary Excursion/Field Trip Notice and Medical Authorization-Adult" form and the school must have a current, no more than 2 years old, background check. With respect to athletics or any other situation where there will be a series of trips for one basic purpose, one permission form can cover the series of trips (such as one sports away games).

Administrative approval should be obtained on the "Voluntary Field Trip Request" form at least a week in advance of the trip; if student transportation or a School vehicle is to be used, the "Request for Pupil Transportation" form must also be completed.

2. One-Day Trip Taken on a Non-School Day

The standard "Parent/Guardian Voluntary Excursion/Field Trip Notice and Medical Authorization-Minor" form shall be obtained in advance of all minor students going on one-day School-sponsored field trips which occur on a non-school day. Any adult students or adult volunteers who accompany staff and students on the trip must file in advance a "Voluntary Excursion/Field Trip Notice and Medical Authorization-Adult". The school must also have a current, no more than 2 years old, background check on file.

Administrative approval should be obtained on the "Voluntary Field Trip Request" form at least a week in advance of the trip; if student transportation or a School vehicle is to be used, the "Request for Pupil Transportation" form must also be completed.

3. Overnight Trip Taken on Any Days

This type of field trip requires approval of the Governing Board, and the "Voluntary Field Trip Request" form must be submitted early enough so that the agenda item can appear at a regular Board meeting at least one (1) month prior to the date of the trip. If student transportation or a School vehicle is to be used, the "Request for Pupil Transportation" form must also be completed and should be submitted with the "Voluntary Field Trip Request" form.

The standard "Parent/Guardian Voluntary Excursion/Field Trip Notice and Medical Authorization-Minor" form shall be obtained in advance for all minor students going on such field trips, and the form shall specifically show that this is a multi-day trip involving one or more overnights.

Any adult students or adult volunteers who accompany staff and students on the trip must file in advance a "Voluntary Excursion/Field Trip Notice and Medical Authorization-Adult" form.

4. Trips to Another State or Foreign Nation

This type of field trip requires approval of the Board of Trustees, and the "Voluntary Field Trip Request" form with its supplement must be submitted early enough so that the agenda item can appear at a regular Board meeting at least two (2) months prior to the date of the trip. If student transportation or a School vehicle is to be used, the "Request for Pupil Transportation" form must also be completed and should be submitted with the "Voluntary Field Trip Request" form.

The "Parent/Guardian Voluntary Excursion/Field Trip Notice and Medical Authorization-Minor" form shall be obtained in advance for all minor students going on such field trips, and the form shall have a supplement which gives full information about the trip such as purpose, itinerary, the number of students, staff and volunteer adults involved, the means of transportation, and cost. Information must be given about family accident/medical insurance coverage; absence of this coverage may be handled through special trip coverage.

Any adult students or adult volunteers must file in advance a "Voluntary Excursion/Field Trip Notice and Medical Authorization-Adult" form and a current background check (no more than 2 years old) must be on file in the office

For trips to a foreign nation, personal baggage insurance and cargo insurance for School equipment such as band instruments and uniforms should be obtained.

E. FORMS USED IN CONNECTION WITH FIELD TRIPS

The following forms are to be used in connection with field trips:

1. **Voluntary Day Excursion Permission to Participate / Authorization for Medical Services**
2. **Voluntary Excursion/Field Trip Notice and Medical Authorization-Adult form for Chaperones**
3. **Request for Pupil Transportation**

South Valley Preparatory School

REQUEST FOR VOLUNTARY FIELD TRIP

Date(s) of Trip:_____ Time: _____

Destination:_____

Mode of Transportation: _____

Please note: TEACHERS are responsible for making all transportation arrangements.

Teacher/Sponsor: _____ Phone#:_____

Grade level:_____

# of students attending:_____ (attach list of students)

Number of adults attending:_____ (attach list of Staff and Parent Chaperones)

Parent chaperones have current background check on file? YES NO

Minimum requirements:
Middle school (6-8) one chaperone for every 10 students

Overnight field trip requirements: Chaperones may only chaperone students of the same sex. Students may only room with students of the same sex.

Purpose/Instructional Standard:_____

What provision will be made for lunch:_____

The cafeteria manager has been notified for lunch plans? Yes or No

What provisions will be made for getting students home if returning after school hours?_____

I certify that this trip is not promoted by a commercial interest for profit and that no sponsor or chaperone is receiving any form of compensation, payment or reward from any outside interest, firm or organization.

Submitted by: _____

Date:_____

Required on all out of district activity or field trips

Please complete the following after receiving field trip approval:

- Form is completed for each private vehicle transporting students? **Yes No**
- Written permission from parents has been obtained. (Permission Slips)? **Yes No**
- Activity Trip Insurance (required on non-education and/or high-risk activities) has been purchased? **Yes No**

Trip financed by:
_____School budget or Activity Funds _____ Other:_____

PURPOSE OF TRIP:_____ _____ _____	
DESTINATION:	
DATE(S) OF TRIP:	
DEPARTURE TIME:	**RETURN TIME:**
PERSON IN CHARGE:	
CHECK PERTINENT POINTS: **ONE-DAY, SCHOOL DAY _____** **ONE-DAY, NON-SCHOOL DAY_____** **OVERNIGHT TRIP OF _____ NIGHTS_____** **OUT-OF-STATE TRIP_____** **TRIP TO FOREIGN NATION_____**	

I have read and will abide by the Board Policy and Administrative Rules pertaining to Field Trips.

PERSON IN CHARGE:	**DATE:**
APPROVED BY DEPARTMENT HEAD:	**DATE:**
APPROVED BY PRINCIPAL:	**DATE:**
APPROVED BY GOVERNING BOARD (IF NECESSARY):	**DATE OF MEETING:**

SOUTH VALLEY PREPARTORY SCHOOL
VOLUNTARY DAY EXCURSION
PERMISSION TO PARTICIPATE / AUTHORIZATION FOR MEDICAL SERVICES

This form is to be filled out completely and returned to the activities leader (SPONSOR) before the student is allowed to practice, compete, perform and/or participate in extra-curricular or co-curricular activities.

The parent/guardian of _____, who attend South Valley Preparatory School,
STUDENT NAME
gives permission, indicated by signature at eh bottom of this page, for this student to participate in the activity described below.

_____ _____
BREIF DESCRIPTION OF ACTIVITY DATE OF ACTIVITY

The parent/guardian recognizes that activities and /or trips involve some degree of risk and that the school cannot guarantee the safety of participants. Knowing of this risk, the parent/guardian grants permission for the student to participate.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By signature below, the parent/guardian hereby authorizes emergency medical treatment and/or hospitalization deemed necessary by emergency response of medical personnel. IF YOU CHILD HAS SPECIAL MEDICAL NEEDS OR ROUTINELY MUST TAKE MEDICATION YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM. A copy of this permission form will accompany the activity sponsor.

Students and staff are expected to display the virtues of respect, citizenship, caring, trustworthiness, fairness and responsibility. These are the six pillars of "Character Counts" All students who are participating in extra- or co-curricular activities or field trips are expected to practice these qualities both on and off campus. Participation in extra- or co-curricular activities is a privileged offered to, and by, students. Students engaged in these activities are serving as representatives of South Valley Preparatory School and community and are expected to maintain the highest standards of behavior at all times. Students are expected to abide by all the standards of the South Valley Preparatory School Student Behavior Policy.

Students who will require a prescription medication during the course of the field trip must advise the activity sponsor in advance. A copy of the doctor's medication order or prescription must be on file in the school office. Special arrangements for the transporting of student medications may be required.

EMERGENCY CONTACT INFORMATION – PLEASE PRINT CLEARLY

_____
STUDENT HOME ADDRESS

_____ _____
STUDENT HOME PHONE NUMBER PARENT WORK PHONE NUMBER / CELL PHONE

_____ / _____ _____
NAME OF OTHER EMERGENCY CONTACT RELATIONSHIP PHONE NUMBERS

_____ _____
MEDICATION(S) STUDENT IS TAKING KNOWN ALLERGIES TO MEDICATION OR FOODS

We agree to the statements above.

_____ _____
PARENT SIGNATURE DATE STUDENT SIGNATURE DATE

RE: MEDICAL SERVICES FOR ILL OR INJURED STUDENTS, OR STUDENTS WHO ROUTINELY MUST TAKE MEDICATIONS OR WHO HAVE MEDICAL CONCERNS THAT MAY REQUIRE TREATMENT, WHILE PARTICIPATING IN SCHOOL SPONSORED ACTIVITIES OR FIELD TRIPS.

Dear parent/guardian of _____
(Name of Student)

South Valley Preparatory School wishes to avoid difficulties in obtaining medical services for students who may become ill or injured during school sponsored activities. As the parent/guardian of a student participating in a school sponsored activity, it is necessary that you consent, in advance, to hospitalization, medical attention, and surgery for your child in case an emergency occurs. **You must provide direction if no consent is given.**

In the event of illness or injury, a reasonable effort will be made to contact you to obtain consent in advance of medical services being given. If we are unable to contact you, the activity sponsor will consent to such services for your child by acting in your behalf based on written advance authorization. That authorization is in the consent form below.

Selection of a doctor or hospital will be made on the basis of family preference, if known. If family preference is unknown, the student will be taken to the closest hospital or one consistent with the existing circumstances

AUTHORIZATION FOR MEDICAL SERVICES

I, the parent/guardian of _____, have read the above and hereby
(Name of Student)
designate the sponsor of the field or activity trip to act in my behalf in the event of a medical emergency. He /she may authorize such hospitalization, medical attention, and surgery as may be required in an emergency because of illness or injuries sustained by my child while participating in school sponsored activities. I hereby assume financial responsibility for hospitalization, medical attention and surgery provided.

1. List medical concerns (including allergies) which sponsor and chaperon need to be aware of
_____
_____.

2. Prescription medications, for which an authorization form to be taken at school has been filled out, that need to be taken by or administered to student while on field trip or participating in extra- or co-curricular activities_____
_____.

3. Prescription medications, for which an authorization form to be taken at school has been filled out, that need to be taken or administered to student in an emergency_____
_____.

_____ _____
PARENT SIGNATURE DATE

_____ _____
STUDENT SIGNATURE DATE

LIMITED OR NO MEDICAL AUTHORIZATION

IF PARTICIPATION IN FIELD OR ACTIVITY TRIP IS PERMITTED BUT MEDICAL SERVICES ARE NOT AUTHORIZED, PLEASE ATTACH A WRITTEN STATEMENT OF PROCEDURES TO BE FOLLOWED IF YOUR CHILD IS INJURED OR ILL DURING THE TRIP.
THIS FORM MUST BE IN THE POSSESSION OF THE SPONSOR AT ALL TIMES DURING ALL TRIPS

VOLUNTARY DAY EXCURSION/FIELD TRIP NOTICE
AND MEDICAL AUTHORIZATION-ADULT CHAPERONE

Name of School: _____

Destination:_____

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

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 from a licensed physician and/or surgeon as deemed for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Signature: _____

Date:_____

Address:_____Telephone Number: _____

Medical Insurance Carrier_____ Policy Number:_____

Address:_____

In the event of illness or accident, please notify:

Name: _____
Address: _____ _____Telephone Number: _____

If there are any special medical problems, kindly attach a description of the problem to this sheet.

Thank You!

SOUTH VALLEY PREPARATORY SCHOOL
OVERNIGHT TRIP PERMISSION FORM, INDEMNIFICATION & RELEASE

STUDENT:	GRADE:	
DATE:	TEACHER:	
PARENT NAME:	BEST PHONE #:	ALT. PHONE #:
ALTERNATE CONTACT:	BEST PHONE #:	ALT. PHONE #:

1. **FIELD TRIP DESCRIPTION**: [*Describe the trip planned, including the place to be visited, and the dates, times and places of departure and return.*] Dates/times of trip: _____, 20__ to _____, 20___.

2. SUPERVISION: [*Describe the supervision to be provided throughout the trip.*]

3. TRANSPORTATION: [*Describe the method students will be transported.*]

4. REQUIREMENTS: [*Describe any special requirements (e.g., ability to swim) which are imposed on students who participate, including bringing certain items on the trip (e.g., life jacket).*]

5. EXPECTATIONS AND INSTRUCTIONS: I understand, and my student understands, that the above-referenced overnight trip is an OPTIONAL, VOLUNTARY trip, and that participation is not required by the School. I and my student understand that permission to participate may be denied by the School for disciplinary, behavioral, or academic reasons, and that the decision of the School will be final in this regard. If my student chooses to participate and is allowed to participate, I understand the student is expected and the student has been instructed by me:

A. To follow instructions given by supervisor(s) and/or volunteers.

B. Not to leave or separate from the group without appropriate authorization from a supervisor and/or volunteers.

C. Comply with laws and ordinances, including but not limited to those pertaining to prohibiting the possession or use of drugs or alcohol. POSSESSION OR USE OF DRUGS OR ALCOHOL IS ABSOLUTELY PROHIBITED.

D. To not enter the lodging accommodations of any other student unless with permission of a supervisor and occupant(s), and only if of the same sex.

E. Follow all School rules although away from school. All School rules, including any special rules pertaining to the activity described above, are considered applicable during the trip.

F. Conform to usual and customary standards of good citizenship, good decorum, and common courtesy.

G. Not to use cell phones or other media to release photos of other students, chaperones or staff without their written permission.

H. Other special instructions. [*Describe other expectations and instructions. If there are unique dangers, mention the dangers (e.g., because of the danger of drowning, the student is expected to wear a life jacket at all times. If hiking/camping: rattlesnakes, wildlife, injuries, etc).*]

IF ANY OF THE ABOVE EXPECTATIONS OR INSTRUCTIONS LISTED IN PARAGRAPH 5. ARE VIOLATED, THE STUDENT'S PARTICIPATION MAY BE IMMEDIATELY TERMINATED, A PARENT OR GUARDIAN WILL BE CALLED TO RETRIEVE THE STUDENT, AND DISCIPLINARY ACTION WILL BE IMPOSED.

6. INSURANCE: I understand that South Valley Preparatory School does not or may not carry any insurance relative to the trip or for injuries to the student. I represent that the student has insurance either through an optional student insurance program or through my own insurance carrier.

7. MEDICAL INFORMATION /ACCOMMODATIONS:

Student's Physician:	Physicians phone number:
Insurance Carrier:	Member/ID number:

A. List all medications: (*all medications and dosing must be provided to school staff prior to the field trip*)
☐NONE or
_____
_____

B. Allergies: (*List all allergies and describe severity (including but not limited to food, medicine, bee stings, etc.)*
☐NONE
OR_____

C. Epi-Pen: Does your child require an Epi-Pen? ☐ Yes ☐ No.

D. Medical conditions: List and describe any medical conditions (e.g. *including but not limited to diabetes, seizures, asthma, etc.)* ☐ NONE or _____
_____
_____

E. Accommodations: List and describe special accommodations your student requires to participate in the above-described overnight trip (attach additional sheet if more information required): _____

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8. CONSENT, ACKNOWLEDGEMENT AND RELEASE:

I request that the above-named student be allowed to participate in the Overnight Trip planned and specifically consent to the student's participation.

I acknowledge and agree that if any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) rendering first aid, arranging for, and consenting to the procedures or treatment in supervisor's discretion. I will pay the costs of any such medical procedures or treatment. In the case of an incident, South Valley Preparatory School and its agents have my consent to release all medical information and incident reports to insurance companies, medical authorities and other agencies deemed appropriate.

I understand that this release also includes all claims and liability during or after the activities resulting from a preexisting medical condition of my child/ward, which I represent I have fully disclosed to South Valley Preparatory School. I have read and fully completed the medical forms provided by the School, and accept full responsibility for my omissions or errors on the medical information form.

I acknowledge and agree that as a student at South Valley Preparatory School, my student/ward _____ _____ will be participating in various activities that involve inherent risks. I understand that involvement may include, but is not limited to, the following potentially hazardous activities: camping, hiking, rafting, kayaking, swimming, initiative activities, high/low ropes course events, rock climbing, ice skating, and biking. These potential hazardous activities can cause personal injury including, but not limited to, splinters, scrapes, cuts, bruises, joint injury, insect stings/bites, animal stings/bites, soft tissue damage, sprains, broken bones, respiratory injury, digestive trauma, facial scars or dental injury, emotional stress or trauma, accidental or intentional property damage, illness or even death.

HAVING REVIEWED, UNDERSTOOD AND CONSENTED TO THE FOREGOING, I RELEASE AND WAIVE, AND FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS OR REIMBURSE SOUTH VALLEY PREPARATORY SCHOOL, ITS GOVERNING BODY, THE INDIVIDUAL MEMBERS, AGENTS, EMPLOYEES AND REPRESENTATIVES THEREOF, PARENT OR ADULT TRIP SUPERVISORS/VOLUNTEERS, SPONSORING AGENCIES, SPONSORS, AND IF APPLICABLE OWNERS AND LESSORS OF PREMISES USED TO CONDUCT ACTIVITIES, FROM AND AGAINST, ANY CLAIM WHICH I, ANY OTHER PARENT OR GUARDIAN, ANY SIBLING, THE STUDENT, OR ANY OTHER PERSON, FIRM OR CORPORATION MAY HAVE OR CLAIM TO HAVE, KNOWN OR UNKNOWN, DIRECTLY OR INDIRECTLY, FOR ANY LOSSES, DAMAGES OR INJURIES ARISING OUT OF, DURING, OR IN CONNECTION WITH THE STUDENT'S PARTICIPATION IN THE OVERNIGHT TRIP AND RELATED ACTIVITIES OR THE RENDERING OF EMERGENCY MEDICAL PROCEDURES OR TREATMENT, IF ANY.

I have carefully read the foregoing and understand its contents. I also understand that this contract is **LEGALLY BINDING AND THAT I AM RELEASING LEGAL RIGHTS BY SIGNING IT.**

DATE: _____

PARENT/GUARDIAN SIGNATURE_____

PRINTED NAME OF PARENT/GUARDIAN: _____

REQUEST FOR PUPIL TRANSPORTATION

SCHOOL:	**DATE ORDERED:**
TRANSPORTATION REQUESTED: **DAY OF WEEK_____ DATE OF TRIP _____**	**NUMBER OF PASSENGERS:**

NOTE: Minimum load 15 students or District office will be notified.

*** Leave: Yard At:**	**SPECIAL INSTRUCTIONS**
Leave: School At:	
Approx. time of return to school:	
Destination:	
Address & City:	
Estimated Total Mileage:	
Name of Faculty Supervisor Who Will Ride Bus:	
Brief Statement of Purpose of Trip:	

TRIP APPROVED BY: (Principal's Signature)_____