

Field Trips and Special Events

The Board recognizes the educational value of field trips and cocurricular activities involving transportation. The Board is also accountable for expenditures and the effective and legal use of district vehicles; therefore, all trips and costs must be approved through the following:

1. Principals, by delegation from the superintendent, may authorize the use of district vehicles for educational field trips and state sanctioned cocurricular activities for which funds have been budgeted;

Principals may also authorize the use of district vehicles for other school-related activities. Expenses for such activities shall be paid by the participants or student organizations.

2. Overnight trips shall have the approval of the principal and be brought to the attention of the superintendent. Parents shall be provided an itinerary and give permission for student participation prior to the trip. Expenses for unbudgeted trips must be paid by the participants or student organizations;
3. Trips over an extended number of days require approval from the principal and the superintendent. Expenses are to be paid by the participants or student organizations. Use of district vehicles must be approved by the superintendent. Emergency procedure plans and itineraries must be filed with the superintendent and the principal prior to the trip;
4. Scheduled departure times shall be maintained. Planned refreshment stops may be made on long trips. Discretion must be exercised in the duration of such stops. Refreshment stops must not unduly delay the return of the bus to the school;
5. Chaperons will maintain discipline and are responsible for the safety of students on educational field trips or cocurricular activity trips; however, bus drivers shall have the ultimate authority involving safety and disciplinary decisions relating to travel;
6. Students demonstrating unruly behavior may be prohibited from participating in future educational field trips or cocurricular trips. Disciplinary action is the responsibility of the principal or designee;
7. Students attending school functions via school transportation will return by the same transportation. The only exception will be if a parent requests, in person, of the supervisor that the student return with the parent;

8. Trips occurring outside the school year require the approval of the principal, the superintendent and the Board. Expenses for such trips shall be paid by the participants or student organizations. Use of district vehicles beyond a 25 mile radius, for other than league competitions or other than a one-day basis, may be permitted. Legal and effective use of vehicles will be ascertained by the superintendent. Emergency procedure plans and itineraries must be filed with the principal and the superintendent;
9. A bus field trip request for less than 15 people will not be authorized. If, upon arrival at the pick up site, there are less than 10 students and chaperons to be transported, the field trip will be cancelled. Please refer to Board policy EEAE - Student Transportation in Private Vehicles for arranging transportation for groups of less than 15 people;
10. Out-of-state student travel requests must be Board approved at least 60 days prior to departure and the following forms must be completed for Board review:
 - a. Initial Request for Out-of-State Student Travel form; and
 - b. Purpose of Trip form.
11. Upon Board approval for an out-of-state trip, the following forms shall be completed and filed with the principal:
 - a. Student Contract form; and
 - b. Health History for Field Trips form.

INITIAL REQUEST FOR OUT-OF-STATE STUDENT TRAVEL

Name of Group: _____ School: _____

Note: This initial request must be submitted and Board approved at least 60 days prior to departure. Groups shall refrain from making travel arrangements or conducting fundraising activities until Board has reviewed and approved request.

Date Request Submitted: _____ Date(s) of Activity: _____

If sufficient space is not available on this form, supporting data should be attached.

1. Field trip destination: _____

2. Purpose of the trip (complete related section on the next page): _____

3. List staff member(s) planning to participate: _____

4. List all other potential supervisors on trip: _____

5. School equipment intended to be used: _____

6. Plan for lodging: _____

7. Estimated number of students: _____

8. Number of supervisors: _____

Person or persons initiating request: _____ Date: _____

Principal's preliminary approval to continue with planning: Yes No

If denied, reason _____

Principal Signature: _____ Date: _____

Board's preliminary approval to continue with planning: Yes No

Date: _____

PURPOSE OF TRIP

1. List itinerary.
2. What are the objectives of the trip and how are the experiences provided on the trip related to the class or school program?
3. How will the activities on the trip provide opportunities for students to obtain new skills, insights, knowledge or appreciations?
4. What effect does the trip have on other classes or programs?
5. Estimated cost of trip \$ _____. Describe how the trip will be funded. (e.g., school funding, fundraising, Student/Parent funding?)
6. Describe methods of transportation.
(List names of drivers, types of automobiles and whether a Type 10/20 license will be required for drivers. (See Board policy EEAE - Student Transportation in Private Vehicles.))
7. Describe supervision plans to ensure maximum safety for students.

**FIELD TRIPS AND AWAY-FROM-SCHOOL ACTIVITIES
Student Contract**

To: Student and Parent(s)

The Creswell School District is proud of its students and is confident that in most circumstances student conduct on field trips and away-from-school activities will be reasonable and prudent. However, in the event that a student chooses not to abide by the rules established by the adult(s) in charge, he/she should be aware of the consequences. The student should fill in the information requested below and sign the contract. If the student is under 18 years of age, his/her parent should also sign.

Student Name: _____

School: _____

Description of field trip/activity: _____

Location/Destination: _____

Date(s) of field trip/activity: _____

Name(s) of person in charge of field trip/activity: _____

I understand that the above named trip is an official school activity and that all rules and regulations applying in the Creswell School District are in effect. Among these rules are the following:

1. All directions and guidelines established by the adult(s) in charge will be followed;
2. There will be no use of alcoholic beverages or other illegal drugs at any time;
3. There will be no smoking while on the bus or van, or at any other time while on the trip;
4. All established time schedules will be followed;
5. Reasonable and proper behavior will be maintained at all times during the trip.

I recognize that in the case of serious violation of the rules, that my parent(s) will be called collect and that I will be sent at home at their expense.

Student Signature

Date

Parent/Guardian Signature

Date

HEALTH HISTORY FOR SCHOOL FIELD TRIPS

Student Name: _____ Birth Date: _____

Address: _____ Home Telephone: _____

Parent/Guardian Name: _____

Home Telephone: _____ Work Telephone: _____

Parent/Guardian Name: _____

Home Telephone: _____ Work Telephone: _____

Person to be called in case of emergency if parent/guardian cannot be reached:

Name: _____

Relationship: _____

Telephone: _____

Physician: _____

Telephone: _____

Last Tetanus Shot: _____

Please list any allergies (e.g., bee sting, medications, etc.) or illness that the school should be aware of:

Medications student is currently taking:

Any special information/instructions concerning medication:

I hereby give my permission for nonprescription medication (for example, aspirin) to be given to my child if deemed advisable by designated school personnel. In case of surgical emergency, I hereby give permission to the physician selected by the school director, or in his/her absence, his/her designee, to hospitalize, secure treatment for and to order injections, anesthesia or surgery for my child as named above.

Any directions to the contrary should be specified on the reverse side of this form and signed.

Activity: _____

Parent/Guardian Signature

Date