

Jefferson School District 14J

Code: **IICA-AR**
Adopted: 9/10/07
Readopted: 4/29/10
Orig. Code(s): 5900.1

Request for Field Trip/Overnight Trip

Submissions for standard field trips are due no later than two weeks before the anticipated trip. Forms for overnight trips must be received by the superintendent no less than one month¹ prior to the proposed trip. You are responsible for making the arrangements outlined in this request.

Upon receiving the appropriate authorization(s) on this form you may proceed with your planned trip, keeping in mind that the expected date and time of arrival should be confirmed within one week of departure.

Instructor/Sponsor: _____

Group(s) or class(es) making trip: _____

Number of students expected²: _____ Number of chaperones³ (minimum 1 per 10 students): _____

Transportation mode: _____

Approximate total miles travel: _____

Date(s) of trip: _____ Departure Time: _____ Return Time: _____

Destination(s):

1. Establishment Name: _____

Address: _____ Telephone: _____

2. Establishment Name: _____

Address: _____ Telephone: _____

3. Establishment Name: _____

Address: _____ Telephone: _____

Purpose (e.g. educational, performance, competition, extension of curriculum): _____

Student activity involvement (e.g. performance, parade, amusement park rides): _____

¹This time requirement may be waived at the sole discretion of the superintendent for good cause.

²Complete list of students participating must be provided to the school office no less than one week prior to departure.

³Complete list of District-approved chaperones must be provided to the school office no less than one week prior to trip.

EXPLANATION – REQUIRED FOR ALL TRIPS

1. What unit of class work is this trip planned to enrich?
2. How will this trip contribute to your class or unit of work?
3. How will the information from this trip be used in class instruction?
4. What preparation have you made with your class before the trip is taken?
5. What safety instruction have you given your students?
6. Other information that should be considered regarding this request:
7. If there are any deferred benefits or personal gain offered to chaperones or instructors, please describe and estimate their Fair Market Value?

For Overnight Trips Only

Number of students actually committed at time of application: _____

Estimated cost of the trip: _____

Funding source(s) (e.g. personal, fundraising, club funds, JSD general funds, paid by travel provider or organizer):

Authorization

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<hr/>	<hr/>
		Principal's Signature (required for all trips)	Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<hr/>	<hr/>
		Superintendent's Signature (required when trip exceeds 50 miles radius, takes place outside the normal school day/week or is overnight)	Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<hr/>	<hr/>
		Board Member's Signature (required for out-of-state trips)	Date

PARENT PERMISSION FOR OVERNIGHT SCHOOL TRIP

Name of Student: _____

In order for my child to take part in and receive the advantages of a program planned and sponsored by Jefferson School District No. 14J, Marion County, Oregon, I am hereby giving permission for him/her to participate in the following trip:

*Trip Description: _____ Trip Date(s) _____

Transportation may be provided at the discretion of the School District in such form as is approved by the Superintendent.

I authorize Jefferson School District 14J and its employees to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will be responsible for the payment of those costs.

Please list required insurance information below.

Insurance Name: _____

Group Name (if applicable): _____

Policy Number: _____

Group Policy Number (if applicable): _____

Any other pertinent information for insurance purposes: _____

List any medications or prescriptions that your child needs to take _____

(All prescriptions and medications will be held by our medical staff person.)

Do you wish to receive information on our school insurance? YES NO

Parent/Guardian Signature _____ Date _____

Address _____

Home Phone _____

Emergency Phone _____

Waiver of Liability

The Jefferson School District has agreed to approve student travel and participation in the above named trip. The District makes this approval based on your having health insurance covering your student(s) and the clear understanding that the District will be held harmless from any injury, accident or sickness in relation to this event.

I hereby waive all claims against, and hold the Jefferson School District harmless from, every and all claims of loss liability or damages for personal injury, or property damage, in favor of myself, my heirs, representatives or dependents.

Student (Print Name) _____ Signature _____ Date _____

Parent/Guardian (Print Name) _____ Signature _____ Date _____

Signature of School Official Reviewing Form for Completeness: _____

*completed by School Personnel