



STUDENT FIELD/EXTRACURRICULAR TRIP – PLANNING AND APPROVAL CHECKLIST

Designed to comply with requirements specified in district policy, IICA – Student Field/Extracurricular Trips.

SECTION 1 – GENERAL PLANNING: TEACHER

DATE: SCHOOL: CLASS/GROUP: REQUESTED BY: DATE OF TRIP: DESTINATION: DATE OF RETURN: PURPOSE OF TRIP:

Check here is this is an instructional field trip. Attach separate detailed narrative description of trip activity. Instructional trips are those that directly relate to classroom instruction and are considered Part of your normal curricular activities. District administration will determine final approval for Instructional field trips.

Check all that apply:

- Regular School Day Activity
Outside Regular School Day Activity
Overnight Activity
Special Equipment (Please Specify Needs)

Number of Students:
Number of Staff Members:
Number of Chaperones/Volunteers:
Student/Adult Ratio:

SECTION 2 – TRANSPORTATION: TEACHER

Request is for: # of Bus(s) # of Suburban(s)

Leave Loading Time: Location: Return Loading Time: Location:

SUBURBAN REQUEST ONLY:

DO YOU NEED A FUEL CARD? (This will need to be checked out at the district office prior to your scheduled departure date.)

Driver Names:

Drivers must have driver training, current first-aid card and ODE Approval in order to drive suburban

Required by OAR 581-053-0015 (6): Drivers shall report to their employer(s) within 15 days, any convictions For driving or criminal offenses specified in OAR 581-053-0006(8) or any involvement in an accident as defined In OAR 581-053-0006(8)(c) (G)(i).

All trips must have prior approval, with appropriate signatures from your building Administrator and/or the district office before a trip can be scheduled.

SECTION 3 – SUPERVISION & MEDICAL PLAN: TEACHER

Supervision Plan:

- Day Supervision Plan
- Night Supervision Plan: Attach copy of supervision plan/schedule including random, period spot Checks throughout the night, accommodations that include same gender Supervised sleeping arrangements.
- Meal Plans accounted for to include special dietary needs.
- Out of Pocket Expenses: Arrangements made for those unable to pay.

Medical Plan:

- Medication Administration form completed – if applicable
- Accommodation Needs for 504 or Special Education/Health Issues (diet, allergy, bee sting, etc.)

SECTION 4 – SPECIFIC PLANNING: PRINCIPAL

Transportation:

- First Student Buses – If checked, verify minimum reservation timelines have been or will be met ***(Trip must be scheduled a minimum of two weeks in advance with First Student)***
- Private vehicles include verification of insurance and criminal background check. ***(Must be submitted at least one week in advance to the district office)***

****Staff Acknowledgement: All staff attending the event must sign (attach additional sheet if necessary)****

| STAFF/CHAPERONE NAMES: | STAFF/CHAPERONES NAMES |
|------------------------|------------------------|
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SECTION 5 – TRIP AUTHORIZATION: PRINCIPAL AND OR SUPERINTENDENT

Administrator Approval:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> In-District or Out-of-District within Oregon; less than a 200 mile radius; no overnight. I have verified that the student trip proposed above meets with all pertinent criteria and Hereby grant final approval. <input type="checkbox"/> Overnight; out of state; international; or over a 200 mile radius travel. I have verified that the student trip proposed meets all pertinent criteria and forwarding the Request with a recommendation to approve. <input type="checkbox"/> I have advised staff and chaperones that all district policies and administrative rules apply And reviewed where applicable. <input type="checkbox"/> All chaperones meet policy guidelines and are approved for this event. | <p>Initials</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|--|

Principal Signature: _____

Date: _____

Superintendent Approval: For any overnight, out-of-state, international or over 200 mile radius travel. Submit this form at least 20 school days prior to the departure date for overnight travel, and 60 school days prior to the departure date for out-of-state, international or over 200 mile radius travel.

Superintendent Signature: _____

Date: _____