

Field Trip Instructions

1. “Instructional Trip Request” application should be submitted at least 3 weeks prior to the day of the field trip.
2. For out of state trips (i.e. going to Reno), going more than 300 miles away (even in state) and all overnight trips, the form needs to be submitted **two months prior** to the trip as these trips need to be approved by the Board.
3. This form is available on our website under “For Staff-Trip Request Form”. Please discard any printed hard copies from previous year as it has been recently updated.
4. Please make sure to fill as much detailed information you can about the dates, location, purpose of the field trip and what budget and funds the trip is getting paid out of.
5. After filling the form, get it approved by your department chair and then please submit it to finance office for review of funds.
6. Finance office will submit it to Principal’s admin assistant after reviewing the form.
7. Once the teacher receives the approved form from admin assistant, teacher’s must execute “Parent/Guardian Instructional Trip Authorization Form 6153-7”. Teachers should have the parents’ permission slips with them on the trip and then file it upon their return.
8. Teachers must provide a list of students and the field trip information to attendance office 24 hours before the departure.
9. For overnight trips teachers must fill the “Overnight Instructional Trip Expectations checklist – Form 6153-2a” and submit it to the Principal’s office before departure.

EL DORADO UNION HIGH SCHOOL DISTRICT

Instructional Trip Request

- In accordance with BP/AR 6153, was a conference held with the Principal/Designee to discuss the feasibility of the trip **BEFORE** any arrangements were made? Yes No
- This request must be submitted to the appropriate school administrator at least **21 CALENDAR DAYS** prior to activity.
- No student in a class or group may be excluded because of lack of funds (EC 35330). No group may go on an outing if any member is excluded because of lack of funds.
- Trips more than 300 miles, overnight, or out of state or country require **2 MONTHS PRIOR NOTICE** and approval by the Board.
- Upon approval, teacher must execute **Form 6153-7**, Parent/Guardian Instructional Trip Authorization.

TRIP INFORMATION

DATE SUBMITTED		SCHOOL (Check) <input type="checkbox"/> EDHS <input type="checkbox"/> IHS <input type="checkbox"/> ORHS <input type="checkbox"/> PHS <input type="checkbox"/> UMHS <input type="checkbox"/> PCA			
ACTIVITY		ACTIVITY LOCATION			
SPONSORING TEACHER(s) / ORGANIZATION		DATES OF TRIP	DATE	TIME	LOCATION
		PICKUP			
EST. TOTAL TRIP MILES <input type="checkbox"/> Within 300-mile radius of transportation <input type="checkbox"/> Out of State <input type="checkbox"/> Beyond 300-mile radius of transportation <input type="checkbox"/> Out of Country <i>Describe trip itinerary on reverse side.</i>		RETURN			
		EST. TOTAL HOURS:	NO. INSTRUCTIONAL DAYS/HOURS MISSED		
CERTIFICATED STAFF		OTHER SUPERVISING ADULTS		PHONE	
Staff	Classes Covered by				

TRANSPORTATION INFORMATION

APPROX. NO. OF STUDENTS (Provide final list of students to Attendance Office and Transportation no later than day before trip.)	NO. OF ADULTS SUPERVISING
TRANSPORTATION REQUESTED (Be specific, specify arrangements being made) <input type="checkbox"/> District (See AR 6153, '4.2.2 and 4.3) <input type="checkbox"/> Commercial <input type="checkbox"/> Private (See AR 6153, '4.7) <input type="checkbox"/> Other: _____	AR 3541.1 and AR 6153 state: <i>Transportation to and from all district-sponsored field trips within a radius of 300 miles of Placerville will be performed by district employees. All other trips may be contracted out; however, Transportation shall be contacted and given an opportunity to submit a quote on all trips.</i>
(REQUIRED) Transportation has been given an opportunity to submit a quote on this trip. <input checked="" type="checkbox"/>	

Director of Transportation's Signature

Date

Estimate No.

TRIP COSTS (THIS SECTION MUST BE COMPLETED REGARDLESS OF FUNDING SOURCE.)

Funding Sources	<input type="checkbox"/> Fund-raising activities (Describe on reverse side)	<input type="checkbox"/> Sponsored organization
	<input type="checkbox"/> Budget allocation	<input type="checkbox"/> Other (Briefly explain):
	BUDGET CODE OR FUNDING SOURCE	VERIFIED BY
Transportation Cost	\$	
Driver Time	\$	
Lodging Cost	\$	
Meal Cost	\$	
Entry Fees / Registration	\$	
Personal Costs Per Student: \$ _____ x # of students	\$	
Substitute	\$	
TOTAL	\$	TOTAL MUST BE CALCULATED BEFORE SUBMITTING FORM.

INSTRUCTIONAL TRIP REQUEST (continued)

EDUCATIONAL OBJECTIVES OF THE TRIP:

ITINERARY (Include number and length of instructional activities, place(s) students will stay, number and grade levels of students participating, other pertinent information):

FUND-RAISING:

OTHER SUPPORT (Include plan (list below or attach) to support students unable to contribute all or part of the personal costs of the field trip):

No. Students | Plan:

ADMINISTRATION USE ONLY / APPROVALS

APPROVALS:

- Approved as submitted
- Not Approved

Approved with the following condition(s): _____

Department Chairperson _____ Department _____

Principal (for trips within a 300-mile radius) _____ Date _____

TRACKING:

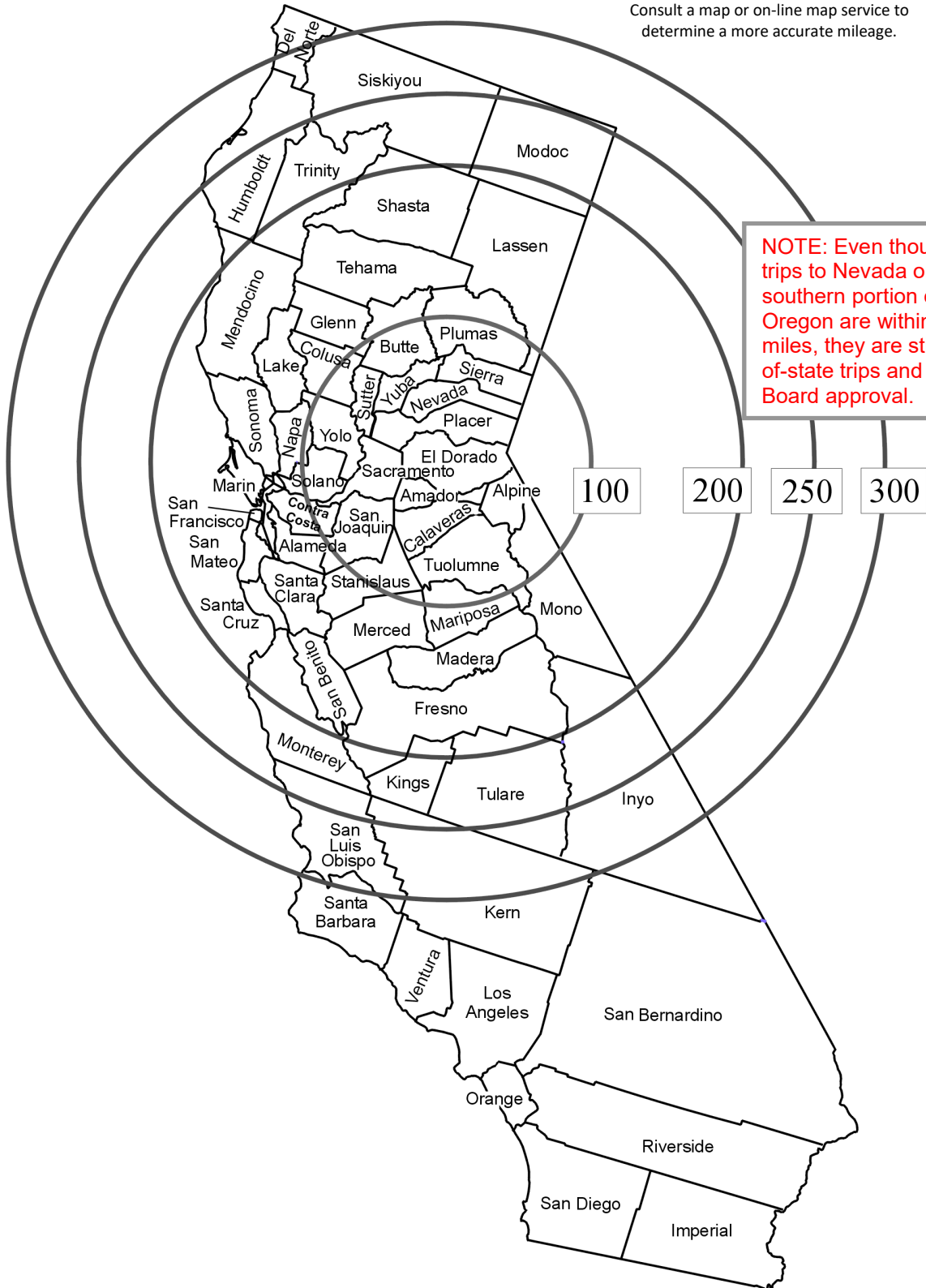
DATE	ITEM	COMMENT
	Transportation called	Contact: <input type="checkbox"/> Hours Verified
	Request for Transportation form submitted (see Form 3541.1A or 3541.1B)	
	Activity added to Master Contract	
	Sent to District Office for approval	
	Returned to teacher	
	Final list of students submitted to Attendance Office and Transportation	

EL DORADO UNION HIGH SCHOOL DISTRICT 300-Mile Radius Map

1/28/03

Note: Miles shown are a close approximate.

Consult a map or on-line map service to determine a more accurate mileage.



NOTE: Even though trips to Nevada or to the southern portion of Oregon are within 300 miles, they are still out-of-state trips and require Board approval.

Parent/Guardian Instructional Trip Authorization and Emergency Procedure/Insurance Verification

(Students: Return this form to the Activity Sponsor when completed.)

STUDENT LAST NAME	FIRST NAME	SCHOOL EDHS	GRADE
ACTIVITY		ACTIVITY SPONSOR	
LOCATION		DEPARTURE DATE/TIME	
TYPE OF TRANSPORTATION		ANTICIPATED RETURN DATE/TIME	

To Parent/Guardian:

1. Your son/daughter is eligible to participate with a group from this school on the activity indicated above. One or more teachers will accompany the group. Signature below signifies that student and parent/guardian agree that the student is to go and return on the school-sponsored transportation indicated above. Privately arranged rides, even with parents, cannot be permitted.
2. Anticipated return time indicates the time at which we expect to arrive back to the starting point. If necessary, parents should arrange to meet their child at this time. Teachers accompanying the group cannot be responsible for seeing that every student has a means of getting home from the starting point.
3. **STUDENTS WILL NOT BE PERMITTED TO ACCOMPANY THE GROUP UNLESS THIS FORM IS SIGNED BY THE PARENT OR GUARDIAN, SUCH SIGNATURE TO SIGNIFY PARENTAL APPROVAL.**

I as parent/guardian understand that by permitting my son/daughter to participate in this trip, I have waived all claims against the District (its employees) or the State of California for injury, accident, illness, or death occurring during or by reason of the trip. *(Education Code 35330)*

My signature below indicates that the above-named student has our permission to attend the field trip as outlined above and per the aforementioned conditions stated above.

Parent or Guardian Signature *Date*

Activity Sponsor: Permission forms are to be held by the sponsor until the trip is completed. Provide a list. Attendance will need a list of all those attending the activity 24 HOURS PRIOR TO DEPARTURE.

Teachers of said student: Please sign below to verify student/teacher contact prior to the field trip. 24-hour notice is required.

PERIOD	TEACHER	PERIOD	TEACHER
0		4	
1		5	
2		6	
3		7	

**Parent/Guardian Instruction Trip Authorization
Emergency Procedure/Insurance Verification**

(continued)

EMERGENCY PROCEDURE AND INSURANCE VERIFICATION

(I), (We), the undersigned parent or guardian
of _____,

a minor, do hereby authorize the EL DORADO UNION HIGH SCHOOL DISTRICT, representative as agent(s) for the undersigned in our absence, to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.

It is understood this authorization is given in advance of any specific diagnosis treatment, or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent in any medical emergency to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the CIVIL CODE OF CALIFORNIA.

The undersigned agrees to bear all costs incurred as a result of the foregoing. This authorization shall remain in effect for the duration of this school-sponsored trip.

Father or Guardian _____ Date _____

Mother or Guardian _____ Date _____

Home Phone _____ Business Phone _____

Allergic Reactions _____

Medical/Accident Insurance Company _____
Insurance Policy/Group No. _____

Family Physician _____ Phone _____

Special Instructions:

Note: This form will be in the sponsor's possession throughout the trip.

EL DORADO UNION HIGH SCHOOL DISTRICT

Overnight Instructional Trip Expectations Checklist

School _____ Sport/Event _____

Date of Trip _____ Organizer/Leader _____

- A detailed itinerary of activities/events will be developed and approved by School Administration.
- Behavioral expectations for students will be communicated to students and parents.
- Every student has provided a signed Student Field Trip Authorization Form.
- First aid kit.
- Student list and emergency contacts.
- Event/Activity is in compliance with all CIF and/or District Rules and Regulations.
- Students will be directed/reminded not to bring anything with them that would not be allowed at school.

Searches may be conducted if there is reasonable suspicion to do so.

- Expectations for supervisors' roles and responsibilities must be clearly communicated.
- All supervisors are to be cleared as a Coach/Advisor or Volunteer.
- Parameters for when students are not in direct visual supervision are to be developed and communicated.
- Proper sleeping arrangements have been made.
- In-room time and bedcheck parameters must be clearly established.
- Adequate student to supervisor ratio has been established that is appropriate for the activity/events planned.
- Adequate supervision has been arranged for given gender and special needs of students.
- It is understood by all that supervisory responsibility for students is for the duration of the trip.
- It is understood that under no circumstances are supervisors to engage in the use of alcohol, marijuana, other legal recreational substances, or illegal substances.
- Medical/Nutritional special needs of student have been accommodated.
 - 5141.21H Extended/Overnight /Field Trip Medication Form submitted.

School Administrator Signature

Lead Supervisor Signature