

FIELD TRIPS – EXTENDED/OVERNIGHT

ELIGIBILITY AND QUALIFIERS

District-sponsored and District-supervised trips/activities that involve travel within the United States but outside of Wisconsin and/or travel greater than 250 miles away in one-direction and/or travel involving overnight stay must have Superintendent approval a minimum of eight (8) weeks in advance of the trip.

District-sponsored and District-supervised trips/activities that involve travel outside of the country must have School Board Approval a minimum of 11 months in advance of the trip.

WIAA athletic contests that are greater than 250 miles away but within the State of Wisconsin do not require approval of the Superintendent but may be approved by the high school athletic director.

High school athletic teams and high school clubs and organizations participating in travel and/or competition outside of the State of Wisconsin and/or including overnight travel must seek approval of the Superintendent a minimum of six (6) weeks in advance of the trip.

Grades K-8 athletic teams are not encouraged to participate in travel or contests of great distance from the district, or that involve overnight travel, or out-of-state travel or competition.

AUTHORIZATION

The Superintendent, at his/her sole discretion, may elect to refer a request or proposal to the Board of Education, even though the Superintendent is authorized to approve or deny the request without School Board involvement.

There are many reasons that particular proposals may be denied, even when the request includes an adequate plan for the supervision and funding. Previous approval of the same or similar trip/activity/itinerary under this policy in no way assures of future approvals. If deemed appropriate, the Superintendent may grant tentative or conditional approval for the trip. The District reserves the discretion to cancel an approved trip or activity due to safety concerns or for other valid reasons.

FUNDING

Funding decisions under this policy are made on a case-by-case basis. In most circumstances, the District will require the costs associated with student participation in a trip or activity that involves long-distance travel and/or any overnight stay to be covered by non-District sources, including fees that are paid by participating students. The District does not cover the cost of volunteer chaperones and/or parents who attend these trips or activities. The District cannot guarantee that pre-paid fees will be refundable in the event of a cancellation or if a student does not participate in the trip/activity whether the reason for the student not to participate is determined by the parent/guardian or by the District.

TRIP PROPOSALS

Trips and other activities involving long distance travel and/or overnights normally must be planned many months in advance. A proposal for such a trip or activity must cover all issues that are addressed in proposals for regular, intra-day school field trips, as well as any additional information that may be required by the Board or Superintendent.

The signed, written permission of a parent or guardian, along with completed medical information/emergency contact forms, are mandatory conditions of student participation in any trip/activity that may be approved under this policy.

Trip proposals should minimize the amount of regular class time that participating students and faculty will be required to miss. Trips and tours under this policy may be proposed for days on which the school(s) are not in session.

The Board encourages the administration to develop additional guidelines and standards that apply to different situations such as overnight accommodations, out-of-state domestic travel, foreign trips or tours, or any proposed transportation of students that would occur by a method other than a school bus or a District-contracted commercial motor coach.

ETHICAL CONSIDERATIONS

District employees shall not individually solicit or accept personal benefits from a third-party (e.g., from a parent group, a travel agent, or an event organizer) in connection with their role in organizing, promoting, or supervising District-sponsored trips/activities for students. In contrast, upon determining the staffing plan for such a trip or activity, the District may approve the use of third-party funding, rebates, gifts, etc., to pay for the district and necessary expenses that are incurred by District personnel who are assigned to chaperone and supervise the trip/activity.

District employees shall not use work time, District resources, or their access to students in connection with their employment to assist in the advertising or promotion of non-District sponsored trips or tours, unless the employee (1) will receive no personal benefit (including paid personal expenses) in connection with the trip; and (2) has received permission from his/her supervising administrator based on an assessment of the educational value.

District employees, volunteers, or chaperones shall not room with a student in a hotel or other sleeping accommodations unless the employee, volunteer, or chaperone is the parent/guardian of the child and as long as no other children are rooming in the same room.

CHECKING MEDICATIONS

The District reserves the right to request the School Nurse to view all medications prior to departure.

SEARCH OF STUDENTS AND/OR THEIR PERSONAL BELONGINGS

For extended field trips that are not required as a part of the instructional day, the administration reserves the right to inspect a student's personal belongings (e.g., backpacks, luggage, etc.) prior to the trip's departure for illegal drugs, alcohol, nicotine products, weapons, and other such items that may cause a concern for health and/or safety of the field trip attendees. The administration reserves the right to utilize the school nurse, law enforcement, and/or drug-detection canine units for the personal belongings search.

Searches of a student's person or personal belongings should generally be conducted outside the presence of other students. When searching a student's person (such as pockets or shoes), the following protocol shall be followed:

- A minimum of two school employees shall be present during the entire search;
- A minimum of one school employee of the same gender as the student shall be present for the entire search; and
- The student shall empty their own pockets or their own shoes/socks, as an example, as opposed to the employee placing their hands in the student's pockets.

ADOPTED: August 26, 2019

REVISED:

REVIEW DATE: August 26, 2019

LEGAL REFERENCES:

Wisconsin Statutes

[Section 118.13](#) [student nondiscrimination]

[Section 121.54\(7\)](#) [transportation for extracurricular activities, including field trips]

Wisconsin Administrative Code

[PI 9](#) [student nondiscrimination]

CROSS REF: Board Policy JFCL – Classroom Conduct
Board Policy JFGB – Student Search Activities

FIELD TRIPS – EXTENDED/OVERNIGHT GUIDELINES FOR TEACHING STAFF

Advanced Paperwork

- A. SDoJ [Field Trips – Extended/Overnight Request Form](#)
- Minimum of 11 months in advance of the date of the trip including school board approval for trips involving foreign travel.
 - Minimum of eight (8) weeks in advance for trips out of state, greater than 250 miles, or overnight trips.
 - If approved, distributed eight (8) weeks in advance of the trip by the building principal to the Food Service Director, Director of Business Services, teacher organizing the trip, School Nurse, and Building Administrative Assistant.
- B. SDoJ [Request for Bus Transportation](#)
- Minimum of two (2) months in advance of the date of the trip, but nine (9) months prior for foreign travel.
- C. SDoJ [School Vehicle Request Form](#)
- Minimum of two (2) months in advance of the date of the trip, but nine (9) months prior for foreign travel.
- D. SDoJ [Field Trips – Extended/Overnight Permission Form](#)
- Must be collected two (2) months prior to departure for the trip, but nine (9) months prior for foreign travel.
- E. Complete electronic purchase requisition in Skyward (financial software) and submit for approval.
- Must be completed two (2) months prior to the trip.
- F. SDoJ [Administering Medication to Students on Overnight Trips Form](#).
- Must be collected at least one (1) month prior to trip departure.

Must be planned, organized, and complete with all necessary parent signatures two (2) months prior to departure for the trip.

- A. Over-the-Counter medications only require a parent signature. IF the OTC medication exceeds the manufacturers recommended dosing, a physician’s signature is required.
- B. Prescription medications require physician **and** parent signatures.
- C. ALL medications must come in the original and labeled container.
- D. Grades 4K-8: All medications are to be administered by school staff with the exception of inhalers if parents have given permission to self-administer.

- E. Grades 9-12 students may self-administer non-controlled and over the counter medications if parents sign permission form to do so.

Communication

- A. Email ALL building staff with a list of all eligible students attending the field trip a minimum of four (4) weeks before the trip.
- B. Email the Food Service Director a minimum of four (4) weeks prior to the trip to:
- i. Alert him/her of students who will not be at school for breakfast and/or lunch
- C. Email the School Nurse a minimum of four (4) weeks prior to the trip to:
- i. Alert him/her of the students attending the trip.
 - ii. Coordinate and send all signed medication forms to the school a minimum of four (4) weeks prior to the trip.
 - The school nurse shall contact the field trip organizer(s) and identify all students with medical needs, including medications, emergency seizure medications, insulin, inhalers, etc.
 - The school nurse shall alert the field trip planners of medication administration schedules.
 - The school nurse shall assure that there are school employees attending the trip properly trained to administer medications.

Day of Trip Expectations

- A. Obtain first aid kit from the office/school nurse.
- B. Carry a cell phone and inform the office of phone numbers in case of emergency.
- C. Obtain any student medications and related paperwork.
- D. District employees are responsible for all medication administration and student health needs unless the student's parent/guardian is on the trip or appropriate signatures are secured for students to self-administer.
- E. District employees are responsible to document student medications administered into the provided *Medication Record* during the trip.
- F. Volunteer chaperones are not allowed to give medication to students or supervise health records.

Upon Return from the Trip

- A. Complete the SDoJ [Field Trips- Extended/Overnight Evaluation Form](#).
- B. If appropriate, fill out *Injury Report Form*.
- C. Gas up any school-owned vehicles.
- D. Return school-owned vehicle keys.
- E. Return any receipts or invoices to the building office.
- F. Return all medical forms and medications administered log to the school nurse.

Additional Teacher/Employee Responsibilities Relating to Field Trips

The teacher shall:

1. Be responsible for knowing the field trip site in relationship to any unusual hazards, safety conditions, and/or special facilities. A preliminary trip may be necessary prior to making final arrangements for a field trip.
2. Develop some means of identifying students and seeing that field trip rules are followed (e.g., buddy system, group leaders, badges).
3. Inform students in advance that they should meet in a designated place if anyone is separated from the group.
4. Know and enforce all rules and regulations related to the place or site to be visited, as well as the school rules.
5. Caution students to respect other people's property and rights.
6. Make it clearly understood that no discourtesy, disobedience, or defiant behavior will be tolerated at any time.
7. Be prepared for students with special circumstances (e.g., orthopedic).
8. Provide a statement of expectations and responsibilities for chaperones, along with a list of students participating in the trip, and teacher leaders' cell phone contact information.
9. Know what to do in the event of an accident, illness, or injury. He/she should:
 - A. Be prepared to take immediate action in case of accident, illness, or injury.
 - B. Render necessary first aid and/or call emergency personnel.
 - C. Notify parents/guardians and the administration.
 - D. Arrange transportation to a hospital if conditions warrant such action.
 - E. Take notes regarding accident situation.
 - F. Complete necessary accident report forms. Accident report forms should be obtained from the principal upon return from the trip.

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MEAL PLANNING:

Lunch Needed:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, check one of the following:	<input type="checkbox"/>	Will bring from home, or		<input type="checkbox"/>	Request sack lunch from school

SIGNATURES:

SIGNED:		DATE:	
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Teacher/Advisor

OFFICE USE ONLY

ENDORSEMENTS	SIGNATURE	DATE	APPROVED	DENIED
PRINCIPAL				
REASON FOR DENIAL				

DISTRIBUTION OF COPIES BY PRINCIPAL OR DESIGNEE AT LEAST 3 WEEKS PRIOR TO TRIP:

	Food Service Director		Director of Business Services		Teacher Organizing the Trip		School Nurse		Building Administrative Assistant
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FIELD TRIPS – EXTENDED/OVERNIGHT PERMISSION FORM

INSTRUCTIONS: Complete this form for student participation in extended/overnight field trips. Please note that permission over the phone, via email, or on other written notes are not permissible by Board Policy.

SCHOOL _____

DATE _____

Dear Parent/Guardian:

Your child has the opportunity to participate in the following field trip away from school.

TEACHER _____ GRADE LEVEL/ORGANIZATION _____

TRIP DATE _____ TRIP DESTINATION _____

TRIP PURPOSE _____

TYPE OF TRANSPORTATION _____ LOCATION OF DEPARTURE _____

TIME OF DEPARTURE _____ AM/PM APPROXIMATE TIME OF RETURN _____ AM/PM

BASIC COST OF TRIP \$ _____ MONEY DUE BY _____

ADDITIONAL SPENDING MONEY: _____ ENCOURAGED

_____ WILL NOT BE NECESSARY

LUNCH NEEDED: ____ YES ____ NO

If yes, check one of the following: ____ will bring from home **or** ____ request sack lunch from school.



SCHOOL DISTRICT OF JEFFERSON OVERNIGHT FIELD TRIP MEDICAL RELEASE FORM

Student's Name: _____
Street Address: _____
City: _____ Zip: _____
Date of Birth: _____

If unable to reach parent/guardian, please notify:
Name: _____
Relationship: _____
Home Phone #: _____
Cell Phone # or Pager: _____

Parent/Guardian Contact: _____
Address: _____
Home Ph #: _____
Work Ph #: _____
Cell Ph # or Pager: _____

Medical Insurance Information:
Provider: _____
Contact #: _____
Group #: _____

Student's General Health Information

1. Does your child take medication? YES or NO (**Circle One**)
A completed and signed *Administering Medication to Students* form is required for each medication (prescription or over-the-counter) to be administered during the field trip.
2. Does your child have any allergies? YES or NO (**Circle One**) If yes, please list: _____
Does your child require medication to treat severe allergic reactions to insect stings/bites, food, etc? _____
If yes, a copy of the completed and signed *Food Allergy Action Plan* or *Administering Medications to Students* forms must accompany this form.
3. Does your child have asthma? YES or NO (**Circle One**)
If yes, a copy of the student *Asthma Action Plan* and *Administering Medications to Students* forms must accompany this form.
4. Date of your child's last Tetanus Booster shot: _____
5. Is there any health history that may assist the person in charge if this student should become ill?

Student's Physician: _____
Address: _____
City: _____ State: _____ Zip code: _____

Authorization to Treat/Administer Medication: I hereby authorize medical or surgical treatment of _____ if any emergency should arise. I give permission for decisions to be made by the certified teacher in charge and/or Jefferson School District representative.

NOTE: Your signature on this form acknowledges your acceptance of financial responsibility for any medical or dental care your child requires.

Signature of Parent/Guardian

Date

Administering Medication to Students on Overnight Trips

(Please return to your child's school)

Student Name _____

Physician's Name _____

Parent/Guardian _____

Physician's Phone _____

My son/daughter has the following health conditions: (asthma, diabetes, seizures, severe allergies, migraines, etc.)

Please specify: _____

List any allergies: _____ EpiPen required _____ Yes _____ No

Please Check One:

- My son/daughter will not be bringing medications on the trip.
- My son/daughter has my permission to carry and self-administer the following medications on the trip. **Students are not allowed to carry or self-administer medications that are designated as controlled substances (e.g., Ritalin).**
- I request that a school staff member administer the following medications to my son/daughter during the trip.

1. Medication: _____ Dosage: _____ Frequency: _____

*Emergency Medications (inhaler, glucagon, insulin, epi-pen). Student to self-administer/carry: YES NO

Time(s) to be given: _____ Reason for this medication: _____

If given on an "as-needed" basis, please describe: _____

2. Medication: _____ Dosage: _____ Frequency: _____

*Emergency Medications (inhaler, glucagon, insulin, epi-pen). Student to self-administer/carry: YES NO

Time(s) to be given: _____ Reason for this medication: _____

If given on an "as-needed" basis, please describe: _____

3. Medication: _____ Dosage: _____ Frequency: _____

*Emergency Medications (inhaler, glucagon, insulin, EpiPen). Student to self-administer/carry: YES NO

Time(s) to be given: _____ Reason for this medication: _____

If given on an "as-needed" basis, please describe: _____

I, the prescribing physician, am willing to accept direct communication from the person dispensing and administering the above medication.

Physician's Signature _____ Date _____

(Signature required for all prescription medication; signature is valid through July 31 of this academic fiscal year.)

Parent/Guardian Consent:

- I hereby grant permission for my son/daughter to take the above medications while on the field trip, as ordered, and authorize school personnel to contact my child's physician if necessary.
- I agree to provide the medication in the original, properly labeled container. Pharmacy label is required for all prescription medications.
- Emergency first aid will be given by teacher, trip authority, or other qualified person.
- In the case of serious injury/illness the child will be transported to the nearest hospital for examination by a physician. Reasonable effort will be made at contacting the parent/guardian listed above.

Medical Insurance Group

Policy Number

Parent/Guardian Signature _____ Date _____

(Signature required for all prescription and nonprescription medication).

FUTURE OVERNIGHT FIELD TRIPS DURING CURRENT SCHOOL YEAR

OVERNIGHT FIELD TRIP #2 WITHIN CURRENT SCHOOL YEAR

Date of Overnight Field Trip #2: _____ Destination: _____

I have reviewed the above listing of medications and confirm they are current.

Parent Signature: _____ Date: _____

OVERNIGHT FIELD TRIP #3 WITHIN CURRENT SCHOOL YEAR

Date of Overnight Field Trip #3: _____ Destination: _____

I have reviewed the above listing of medications and confirm they are current.

Parent Signature: _____ Date: _____

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FIELD TRIPS – EXTENDED/OVERNIGHT EVALUATION FORM

SCHOOL _____

DATE FILED _____

NAME OF ORGANIZATION _____

TEACHER/ADVISOR _____

PERSON RESPONSIBLE _____

DESTINATION _____

1. Pertinent activities that occurred during the trip:

2. Awards or recognition received by the traveling group:

3. Problems that occurred during the course of the trip:

4. Value of the trip and suggestions for future trips of this kind:

5. Actual Costs:

	Cost to each student:	Cost to each adult:
Transportation	_____	_____
Meals	_____	_____
Administration	_____	_____
Other	_____	_____
TOTAL:	_____	_____

SIGNATURE _____

DATE _____