

FIELD TRIPS

The School District of Jefferson's Board of Education recognizes that there is a wealth of educational opportunities to be gained through teachers looking beyond the confines of the traditional classroom environment to enhance student learning. Field trips of significant educational value shall be encouraged.

To be educationally beneficial, a field trip requires thoughtful selection, careful advance preparation of the class and opportunities for students to assimilate the experience during and upon conclusion of the trip. Professional staff are expected to carefully weigh the advantages and disadvantages of a proposed field trip, discuss the proposal with the department chairperson (when appropriate) and with the building principal.

To this end, teachers, department chairpersons and principals will be expected to consider the following factors in selection of field trips:

- A) Value of the activity to the particular class/group(s)
- B) Relationship of the field trip activity to a particular aspect of classroom instruction
- C) Suitability of the activity and distance traveled in terms of the age level
- D) Mode and availability of transportation
- E) Cost

All school trips will be authorized only by administrative approval and are subject to district policy and administrative guidelines as defined.

ADOPTED: July 30, 2001

REVISED: October 28, 2002

REVIEW DATE: October 22, 2012

LEGAL REFS: Wisconsin Statutes: 118.001
120.12 (2)
120.13 (1)

CROSS REF: IGDE-R, Field Trip Guidelines
IGDE-E(1), School-Sponsored, Single-Day Field Trip Request Application
IGDE-E(2), School-Sponsored Extended Field Trip Request Application
IGDE-E(3), School-Sponsored Field Trip/Special Trip Permission Form
IGDE-E(4), School-Sponsored Extended Trip Evaluation Form
IGDE-E(5), Authorization to Carry and Self-Administer Medication on Overnight Field Trip Form
Board Policy JFCL – Classroom Conduct

FIELD TRIP GUIDELINES

SCHOOL-SPONSORED, SINGLE-DAY FIELD TRIP

1. A teacher shall request a field trip by completing the "Field Trip Request Application" and submitting it to the building principal. The form should be completed well in advance of the actual trip, preferably one month. All field trips will be approved or disapproved, in writing, by the principal.
2. Students may be assessed a fee to cover field trip costs. Care should be taken to keep costs to a minimum. All funds collected must be turned over to the school secretary for deposit.
3. Parental approval must be obtained before a student is allowed to participate in a field trip. Parent permission forms shall be returned to the school by the due date prior to the trip and shall include the following information:
 - A. Place to be visited
 - B. Means of transportation
 - C. Date of trip
 - D. Time (departure and return)
 - E. Purpose of the trip
 - F. Fixed cost per student
 - G. Date permission slip should be returnedAdditional information should include:
 - A. Special Clothing
 - B. Pick up time upon return (if the field trip goes beyond the regularly scheduled school day)
 - C. Telephone numbers where the parent/guardian can call
4. The principal or designee shall make transportation arrangements.
5. Adequate adult supervision must be provided for each field trip. The recommended student/adult ratio is 15 to 1. The actual number of chaperones and the chaperones' duties will vary depending upon the nature of the field trip and the grade level of the students. The duties will be determined by the principal, in cooperation with the teacher, prior to the principal's final approval of the trip.

6. Standards for vehicle safety, conduct, and courtesy shall be discussed with all students prior to each field trip.
7. A list of students participating in a field trip will be provided to the school office. A list of students remaining at school and their alternate assignments shall also be provided to the school office.

Additional Teacher 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. A first aid kit and student's emergency medications (glucagons, epi-pens, diastat and inhalers) must be brought on the trip. The School Nurse will arrange for child's parent or a staff member trained in the administration of emergency medication to go along on the trip.
9. Provide a statement of expectations and responsibilities for chaperones, along with a list of students participating in the trip.
10. 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.
- 11. If a school or private vehicle is to be used for field trip purposes, arrangements must be made through the District Office.
- 12. Notify Food Service at least one week in advance of the field trip if a large group of students will be gone for the lunch period.

SCHOOL-SPONSORED EXTENDED FIELD TRIP

Extended trips are those trips involving overnight arrangements and considered to be part of the school's program.

All proposals for school-sponsored extended trips shall be presented to the administration prior to any preliminary discussion with students or any public announcements.

No fund-raising activities for an extended trip may occur before trip approval is granted.

Participation in school-sponsored extended trips shall be voluntary. No student will be subjected to real or implied retribution if he/she chooses not to participate in any extended trip.

Only trips that have met the guidelines as expressed in the policy and have been approved by the Administrative Team are recognized as School District of Jefferson trips. The district shall not permit use of facilities, time, or staff involvement in advertising or promotion of unauthorized trips or tours.

Guidelines for School-Sponsored Extended Trips

1. A request for a school-sponsored extended trip should be submitted in writing to the building principal for approval. It should be submitted a minimum of 90 days prior to the trip, and include the following information:
 - A. An explanation of all financial arrangements.
 - B. The cost of the trip per participant, what is included in the price, and what is not included in the price.
 - C. The length of time for travel including departure and return times, dates, distances, and modes of travel.
 - (1) Every attempt should be made to schedule trips during vacation periods. If travel arrangements necessitate that school days are missed, the administration may approve faculty and student absences. An anticipated amount of the school time lost must be included.
 - (2) All transportation must be by bonded carrier. Assurances shall be required. (A certificate of insurance must be attached to the request.)

- D. A count of the number of free transports, if any, is furnished, and to whom they will be granted.
 - E. Approximate number of students.
 - F. A list of the names of chaperones who will accompany the students. The trip organizer is to be an employee of the School District of Jefferson. Additional supervisors are to be adults approved by the administration.
 - (1) Each trip shall have a minimum of two chaperones, where appropriate.
 - (2) Supervision shall be provided in the ratio of no more than 15 students per adult.
 - G. The instructional purposes of each trip or tour.
 - H. Evidence of insurance coverage. The Director of Business Services should be contacted in writing regarding insurance coverage.
 - I. A list of fund-raising activities and/or organizations that will be solicited for support.
2. All field trip costs must be budgeted for in advance of field trip approval. The cost of substitutes shall be incorporated into the cost of the trip and borne by participants, fund raising activities, or other approved funds. Travel, lodging, meal expenses, and stipends, if any, of district employees shall be considered part of the total cost of the trip. Costs and resources to be used must be outlined as part of the field trip request document.
 3. School-sponsored extended trips cannot make a profit.
 4. Student participants will furnish written parent permission and medical emergency information, along with authorization for medical care, prior to the extended school trip.
 5. Administration of Medications on Extended Field Trips: Responsible students, as determined by the parent, school nurse and school administrator, in grades 9-12 may carry and self administer their own prescription and non-prescription medications while on the trip. Factors to consider include the type of medication, the reason for the medication, the age of the student, and the responsibility of the student. An "Authorization to Carry and Self-Administer Medication" form must be completed for all medications. Students are not allowed to carry or self-administer medications designated as controlled substances. An "Administering Medications to Students" form and a physician's signature are required for all prescription medications. Only enough medication to last the duration of the trip should be sent with the student. The student shall keep the medications in a safe place and not share medications with other students. The district may request a meeting with parents to discuss administration of certain medications. If it is determined that a district employee chaperoning the trip administer the medications to a student, prior arrangements must be made with the trip organizer and school nurse. Medication forms must be turned in to the school nurse at least one week before the trip.
 6. All students participating in extended trips are expected to abide by trip conduct rules and regulations and the rules of the school. Any student violating such rules will be subject to disciplinary action up to and including

being sent home at the expense of the parent/guardian. A parent meeting will be held or a letter will be sent home, along with the parent permission form, explaining the rules.

7. An alphabetized list of students and other individuals participating in the trip will be on file in the principal's office one week before departure. The list of students will be distributed to the faculty and attendance office at this time (dates of trip to be included) if there will be school days involved.
8. Money deposits will be forfeited if a student signs up for an extended trip, then decides not to participate in the trip after deadlines for dropping have been given.
9. The Administrative Team shall review all requests for school-sponsored extended trips.
10. Each school-sponsored field trip experience must be evaluated by the teacher using the School-Sponsored Extended Trip Evaluation Form. The evaluation must be submitted to the school principal within one week after the trip.

9/26/16

SCHOOL-SPONSORED, SINGLE-DAY FIELD TRIP REQUEST APPLICATION

SCHOOL _____ TEACHER/ADVISOR _____ GRADE/CLASS/ORGANIZATION _____

TRIP DATE(S) _____ TIME LEAVING _____ TIME RETURNING _____

RAIN DATE _____ DESTINATION _____

MEANS OF TRANSPORTATION _____ ESTIMATED MILES (Round Trip) _____

NAME OF BUS COMPANY _____ NUMBER OF BUSES _____

NUMBER OF STUDENTS PARTICIPATING _____ NUMBER OF ADULTS _____

NAME OF CHAPERONE	FIRST AID TRAINED OR FIRST AID CERTIFIED (Recommended)	NON-EMPLOYEE	EMPLOYEE	SUBSTITUTE REQUIRED

COST:

Cost per ticket \$ _____ x Number of Students _____ = \$ _____

Cost for transportation (quoted by contractor? Yes ___ No ___) = \$ _____

Cost for substitute(s) (\$ _____ daily sub rate) x # of days _____ = \$ _____

Other costs (list): _____ = \$ _____

TOTAL COSTS: *\$ _____

FUNDING:

Participant Charge \$ _____ x Number of Participants _____ = \$ _____

Donation: (Name/Organization) _____ = \$ _____

Account(s) to be charged: # _____ = \$ _____

_____ = \$ _____

TOTAL FUNDING (*TOTAL COSTS must equal TOTAL FUNDING): *\$ _____

SIGNED: _____
TEACHER/ADVISOR

DATE _____

***** OFFICE USE ONLY *****

ENDORSEMENTS	SIGNATURE	DATE	APPROVED	DENIED
PRINCIPAL				
REASON FOR DENIAL				

DISTRIBUTION OF COPIES: **WHITE** – PRINCIPAL **YELLOW** – TEACHER

SCHOOL-SPONSORED EXTENDED FIELD TRIP REQUEST APPLICATION

SCHOOL _____ TEACHER/ADVISOR _____ GRADE/CLASS/ORGANIZATION _____
 TRIP DATE(S) _____ TIME LEAVING _____ TIME RETURNING _____
 DESTINATION _____ ITINERARY (**PLEASE ATTACH A DETAILED SHEET**)

MEANS OF TRANSPORTATION _____ ESTIMATED MILES (Round Trip) _____
 NAME OF BUS COMPANY _____ NUMBER OF BUSES _____
 NUMBER OF STUDENTS PARTICIPATING _____ NUMBER OF ADULTS _____

NAME OF CHAPERONE	FIRST AID TRAINED OR FIRST AID CERTIFIED (Recommended)	NON-EMPLOYEE	EMPLOYEE	SUBSTITUTE REQUIRED

COST:

Cost per ticket \$ _____ x Number of Students _____	=	\$ _____
Cost for transportation (quoted by contractor? Yes ___ No ___)	=	\$ _____
Cost for substitute(s) (\$ _____ daily sub rate) x # of days _____	=	\$ _____
Other costs (list): _____	=	\$ _____
TOTAL COSTS:		*\$ _____

FUNDING:

Participant Charge \$ _____ x Number of Participants _____	=	\$ _____
Donation: (Name/Organization) _____	=	\$ _____
Account(s) to be charged: # _____	=	\$ _____
# _____	=	\$ _____
TOTAL FUNDING (*TOTAL COSTS must equal TOTAL FUNDING):		*\$ _____

Explain how the proposed trip relates to current curriculum. Identify specific objectives to be pursued and explain pre- and post-activities:

ENDORSEMENTS	SIGNATURE	DATE	APPROVED	DENIED
PRINCIPAL				
ADMINISTRATIVE TEAM <i>(signed by Superintendent after Team approves)</i>				
REASON FOR DENIAL				

DISTRIBUTION OF COPIES: **WHITE** – PRINCIPAL **YELLOW** – TEACHER **PINK** – SCHOOL NURSE

SCHOOL-SPONSORED FIELD TRIP/SPECIAL TRIP PERMISSION FORM

INSTRUCTIONS:

Complete pages 1 and 2 for single day field trips and pages 1, 2, and 3 for extended day field trips.

SCHOOL _____

DATE _____

Dear Parent/Guardian:

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

TEACHER _____

GRADE LEVEL _____

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 If yes, check one of the following: will bring from home or request sack lunch from school
 NO



PARENT/GUARDIAN COMPLETE:

_____ (Child's name) has my permission to participate in the described field trip and/or extra-curricular activity.

I am providing the following information for the safety of my child:

1. In the event of an emergency, please contact either me or the emergency contact person listed below:

(Name of parent/guardian)

(Phone)

(Person to call in case of emergency)

(Phone)

2. Please be aware of these health concerns that may require the assistance of school staff. (Wearing Med Alert bracelet is strongly advised if your child has a condition that could be life-threatening without prompt treatment.)

3. To comply with state law, any student requiring medication or treatment to be administered during the field trip must have a medication consent form on file in the school. Forms are available in the school office.

The teacher will accompany your child on the trip and will use all reasonable precautions with regard to safety and general welfare. If for behavioral/disciplinary reasons your child must return from the trip early and separate from the participating group, you will be responsible for any additional incurred trip expenses.

Please return this permission form no later than _____.

Please sign below to indicate permission for your child to go on the trip.

Parent/Guardian Signature

DATE _____

Parent/Guardian Telephone Number

SCHOOL DISTRICT OF JEFFERSON OVERNIGHT FIELD TRIP MEDICAL RELEASE FORM

Student's Name: _____ **If unable to reach parent/guardian, please notify:**
Street Address: _____ Name: _____
City: _____ Zip: _____ Relationship: _____
Date of Birth: _____ Home Ph #: _____
Cell Ph # or Pager: _____

Parent/Guardian Contact: _____
Address: _____ **Medical Insurance Information:**
Home Ph #: _____ Provider: _____
Work Ph #: _____ Contact #: _____
Cell Ph # or Pager: _____ Group #: _____

Student's General Health Information

1. Does your child take medication? YES or NO
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 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
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

SCHOOL-SPONSORED EXTENDED TRIP 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 _____

AUTHORIZATION TO CARRY AND SELF-ADMINISTER MEDICATION ON OVERNIGHT FIELD TRIP FORM

Student Name _____ Date of Birth _____

Trip Destination _____ Dates of Trip _____

Please Check One:

My son/daughter will not be bringing any medications on the trip.

My son/daughter has my permission to carry and self administer the following medications while on the trip. **(Students must not share medications with other students.)**

I request that a school staff member administer the following medications to my son/daughter during the trip.

NON-PRESCRIPTION MEDICATIONS:

Medication _____ Dosage _____ Frequency _____
Special Instructions _____

Medication _____ Dosage _____ Frequency _____
Special Instructions _____

Medication _____ Dosage _____ Frequency _____
Special Instructions _____

Medication _____ Dosage _____ Frequency _____
Special Instructions _____

Medication _____ Dosage _____ Frequency _____
Special Instructions _____

PRESCRIPTION MEDICATIONS: An Administering Medications to Students Form (green) must be completed for each prescription medication listed. A physician's signature is required.

Medication _____ Medication _____

Medication _____ Medication _____

Parent signature (required)

Date