RCSD: School Field Trips - Checklist of documents/info needed for approvals

- **School Field Trip Planning Form – completed with Principal's signature**

- School _____

- Trip contact person name and cell phone #_____

- Destination _____

- Date/s of the trip _____

- Transportation method _____

  Total transportation expense $ _____

  Funding for transportation: "A" funds Grant SAF Parent funds

Is there an admissions/accommodations fee? Yes No

Total admission fees expense $ _____

Funding for admission /accomm. fees: "A" funds Grant SAF Parent funds

- Anticipated number of students attending trip and affiliation (i.e. Grade level, ELA Class, School Club, etc.) Please consult with your Principal if there is a financial limitation for any student, preventing participation.

** IMPORTANT: A Student shall not be excluded if he/she cannot pay a fee for the trip**

School Affiliation_____

Anticipated # of Attendees # Male _____ # Female _____

- **School Field Trip Planning Form**
- **Field Trip Information Form** *(attach sample)* Only school section filled out
- **Field and Walking Trip Medical Consent Form for Current School Year**
  (Only needs to be on file in Nurse's office for each school year)
- **Copy of Appropriate Consent Form** *(attach sample)*
  Walking Trip Consent, Field Trip Consent or International Waiver & Release Form.
  Only need the destination line filled in.
- **Parent/Guardian Letter** ***(****attach sample)*
  Copy of letter that will be sent to parents from school informing them of the trip
- **Itinerary** *(attach)* Not required for walking trips
- **Educational Purpose Statement/List of Chaperones – IMPORTANT:** *This MUST be completed on the* ***field trip planning supplement form*** *that is attached. The form must be complete and detailed.*

Any "A" Funds	Grant/SAF/Parent Funds	Grant/SAF/Parent unds
(Regardless of mileage)	(less) < 60 miles	(greater) > 60 miles
Principal signs	Principal signs	Principal signs
Principal/Secretary sends email to Chief Asst. to advise of trip.	Principal/Secretary sends email to Chief Asst. to advise of trip.	Email packet to fieldtrips@rcsdk12.org
School Chief approves/denies pkt. and Chief Asst. informs school personnel of $ transfer.	Chief approves/denies packet, Chief Asst. returns to school personnel.	Chief approves/denies packet and returns to school personnel.

If approved, school proceeds with setting up bus, accommodations, etc.	If approved, school proceeds with setting up bus, accommodations, etc.	If approved, school proceeds with setting up bus, accommodations, etc.

School Field Trip Planning Form

Instructions

- All information on this form must be completed before giving the form to the Principal, School Chief and/or Superintendent. Approval is given once all required signatures are obtained.
- Medical consent forms should be completed by parents/guardian and provided to the school nurse at least 7 days before the field trip or walking trip each school year.
- For day trips within the City of Rochester or within 60 miles of Rochester, the School Principal should approve the trip at least 15 days before the trip. If special circumstances arise, the Principal may, in his/her discretion, approve a trip wherein the school field trip planning form is not submitted at least 15 days before the trip. **However, in all cases, a School Trip Planning Form must be completed and approved by the School Chief and Principal prior to the trip.**
- For trips 60 miles or farther from downtown Rochester, and for all overnight trips regardless of distance, all information requested on this form must approved by the Principal at least 60 days before the trip and by the School Chief at least 45 days before the trip.
- For all international trips, the trip must be approved by the Principal at least 180 days before the trip, by the School Chief at least 150 days before the trip, and by the Superintendent at least 120 days before the trip.

Required Information

Name of Person Submitting the Form _____ **Title** _____

School _____

Class(es) Attending Trip _____ **Student Grade Level** _____
(use classroom teacher's last name)

Anticipated Number of Students on Trip: Total_____ **Male** _____**Female** _____

Destination _____

Date(s) of the Trip _____

Anticipated Transportation Method _____

Cost per student $ _____**Total Cost** $_____ _____ **Funding Source** _____ _____

Educational Purpose Statement: Please provide a detailed statement outlining the educational purpose of the proposed school field trip. (Attached an additional sheet(s)

Itinerary: Please provide a detailed itinerary for the trip

Parent/Guardian Letter: Please attach a draft of the parent/guardian letter explaining the trip.

Parental Notification/Consent Form: Please attach the Parent Notification/Consent form specific to the trip.

List of Chaperones: Please attach a list of chaperones. The chaperone information should include the name, title and gender of the chaperones. (The ratio of students to chaperones must conform to Superintendent's Regulation School Field Trips 4400-R Section III E).

Approved by Principal _____**Date** _____ (All Trips)

Approved by School Chief _____ **Date** _____

Approved by the Superintendent _____**Date** _____ **(**International Trips Only)

FIELD TRIP INFORMATION FORM

* THE CDC RECOMMENDS THAT HIGH SCHOOL STUDENTS SHOULD BE AT LEAST 6 FEET APART IN COMMUNITIES WHERE TRANSMISSION IS HIGH, OR WHEN MASKS CAN'T BE WORN, SUCH AS WHEN EATING. IN OTHER INSTANCES, MASKS MUST BE WORN WITH A DISTANCE OF AT LEAST 3 FEET BETWEEN STUDENTS. THIS INCLUDES ON THE BUS, AND IN THE COMMUNITY. IN ADDITION, THE LOCATION OF THE TRIP MAY HAVE SPECIFIC GUIDELINES PERTAINING TO SOCIAL DISTANCING THAT MUST BE FOLLOWED.*

TRIP INFORMATION (Completed by School)

Trip Date(s): _____ **Trip Supervisor:** _____

Destination: _____ **Departure Site:** _____

Departure Date and Time: _____ **Return Date and Time:** _____

Return Site: _____

Among other activities, this trip may include the following physical or sports activities _____

_____

_____

Clothing/Equipment Expected for this Trip: _____

STUDENT INFORMATION (Completed by Parent or Guardian)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Birth Date: _____

Gender: [ ] Male [ ] Female **Student Cell Phone Number:** _____

PARENT OR GUARDIAN INFORMATION (Completed by Parent or Guardian)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Telephone: ( ) _____ **Work Telephone: ( )** _____

Cell Telephone: ( ) _____ **Email Address:** _____

Emergency Contact Name: _____ **Relationship** _____

Emergency Contact Person's Number: _____

FIELD AND WALKING TRIP MEDICAL CONSENT FORM FOR _____SCHOOL YEAR

Parents/guardians must complete and return this form to the school nurse at least 7 days before the first field trip or walking trip of each school year and update this form if their child's medical condition changes

Student Name	Date of Birth
Street Address with Zip Code	Doctor's Name
Home Telephone	Doctor's Telephone Number
Insurance Carrier's Name	Insurance Identification Number

STUDENT'S HEALTH STATUS

Does your child have any **current** health problems? (Please check all that apply and tell us about them):

____Allergies **(that requires emergency medicine)**
____Asthma/Breathing problems
____Cardiac (Heart) problems
____Diabetes
____Seizure Disorder
____Bones or Joints
____Bee sting **(that requires emergency medicine)**
____Other problems? _____

Please tell us more about the problem(s) _____

MEDICINES

***The school nurse must have a **current** doctor's order for medicine on file in order for your child to take medicine on the trip. Please contact your child's school nurse to make sure all medical forms are completed.*

Medication that needs to be taken on the Field Trip: _____

_____ (initials) My child doesn't need any medication on field trips for this school year.

I give permission to a physician or hospital to secure proper treatment including (but not limited to) medications, injections, anesthesia or surgery for my child as named above.

This health information is accurate and correct insofar as I know. My child has permission to engage in all activities except as noted above. In the event that I cannot be reached in an emergency, I authorize the school and/or its agents to authorize the treatment recommended by the health care provider available to render treatment. This authorization shall also extend to and include hospitalization for first aid where/when necessary. I understand that I will be responsible for the cost of all medical treatment render in connection with the trip.

_____ _____

Parent / Guardian Signature Date

For School Nurse Use Only

No Concerns_____ Needs nurse to attend_____ No doctor orders/note _____ See nurse 24/48hrs before trip_____
Students Ability to Administer Medication: _____Self-administration _____ Non-Self administration
Medical/Emergency Care Plan: _____Yes (if so please provide plan)_____No

Parent input:_____

_____

_____ _____

Nurse signature Date

This form is the property of the Rochester City School District ("RCSD") and should not be used if the school field trip is not authorized and approved by the RCSD. It may not be modified and must be completed in full to be processed and approved.

This form is available on the WEB at http://www.rcsdk12.org on the "Health Services Forms for Parents" link.

SNS/Field Trip - Emergency Medical Info

WALKING TRIP CONSENT FORM

I _____, the parent/guardian of _____(student's name)

hereby give my permission for my child to participate in regular walking trips to and from:

_____ throughout the school year and agree to the following conditions:

a) I understand that there are possible risks related to this trip and I consent to my child's participation in all trip activities.
b) I have accurately completed and updated the Medical Consent information for my child.
c) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.
d) I understand that my child is expected to behave responsibly and to follow the school's code of conduct. I agree and understand that I am responsible for the actions of my child.
e) I understand that my child shall be accompanied by one or more staff member(s) during the walking trip.
f) I give my permission for my child to participate in this walking trip.

I certify that I have read and I understand this release and agree to its provisions.

_____ _____
Student Signature Date

I certify that I am the parent or legal guardian of the student named above and that I have read and understand this consent form.

_____ _____
Parent/Guardian Signature Date

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FIELD TRIP CONSENT FORM

I _____, the parent/guardian of _____(student's name)

hereby give my permission for my child to take part in the school trip described below:

_____ and agree to the

following conditions:

* THE CDC RECOMMENDS THAT HIGH SCHOOL STUDENTS SHOULD BE AT LEAST 6 FEET APART IN COMMUNITIES WHERE TRANSMISSION IS HIGH, OR WHEN MASKS CAN'T BE WORN, SUCH AS WHEN EATING. IN OTHER INSTANCES, MASKS MUST BE WORN WITH A DISTANCE OF AT LEAST 3 FEET BETWEEN STUDENTS. THIS INCLUDES ON THE BUS, AND IN THE COMMUNITY. IN ADDITION, THE LOCATION OF THE TRIP MAY HAVE SPECIFIC GUIDELINES PERTAINING TO SOCIAL DISTANCING THAT MUST BE FOLLOWED.*

a) I understand that there are potential risks associated with this trip and I consent to my child's participation in all trip activities.
b) I acknowledge that I have accurately filled out the Medical Consent information provided to me.
c) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.
d) I understand that my child is expected to behave responsibly and to follow the school's code of conduct. I agree and understand that I am responsible for the actions of my child.
e) I understand that I am responsible for getting my child to and from the departure and return sites identified above. I understand that my child shall be accompanied by staff member(s) during the trip, including while traveling from the departure site to the destination site, and from the destination site to the return site.
f) The program organizers and/or group chaperones may make reasonable changes in the dates, destinations, or itinerary for the mutual benefit and safety of group participants. In such event, they shall not be liable for any delay, loss, or damage resulting therein. In the event of any illness, accident, or incapacity incurred by my child, the group chaperone may consider my child's best interests in securing medical treatment, hospitalization, medication and/or return transportation at my own expense.
g) I give my permission for my child to participate in this school trip.

I certify that I have read and I understand this release and agree to abide by its provisions.

_____ _____
Student Signature Date

I certify that I am the parent or legal guardian of the student named above and that I have read and understand this consent form.

_____ _____
Parent/Guardian Signature Date

INTERNATIONAL WAIVER AND RELEASE FORM

_____(Insert name of Trip)

I _____ am the parent/guardian of _____.

I hereby request the Rochester City School District to permit _____to participate in the _____, sponsored, in part, by the Rochester City School District.

It is impossible to eliminate all risk involved in international travel. For example, there are risks associated with air travel, local transportation systems, political unrest, and many other factors that are outside of the control of the Rochester City School District. The risks can range in severity from minor to serious and could include even death. I acknowledge that I have read and understand any travel advisory issued by the United States Department of State and give permission for my son/daughter to travel to _____ with the _____ .

a) I understand that there are potential risks associated with this trip and I consent to my child's participation in all trip activities.
b) I have accurately completed and updated the Medical Consent Form provided to me.
c) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my child's behalf and at my expense in obtaining medical treatment for my child.
d) I understand that my child is expected to behave responsibly and to follow the school's Code of Conduct. I agree and understand that I am responsible for the actions of my child.
e) I understand that I am responsible for getting my child to and from the departure and return sites. I understand that my child shall be accompanied by staff member(s) during the trip, including while traveling from the departure site to the destination, and from the destination to the return site.
f) The program organizers and/or group chaperones may make reasonable changes in the dates, destinations, or itinerary for the mutual benefit and safety of group participants. In such event, they shall not be liable for any delay, loss, or damage resulting therein.
g) I give my permission for my child to participate in this international trip.

I have been provided the opportunity to review and consider this International Consent Form before signing it and understand what it says.

_____ _____

Signature of Parent or Guardian Date

Subscribed and sworn to before me
this _____ day of _____, 20___

_____

Notary Public

_____ _____

Signature of Student Date

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Field Trip Planning Supplement

Educational Purpose/Statement:
NYS CCLS Alignment to ELA*:
NYS Content-specific CCLS alignment:
Learning Targets:

Principal approved school chaperones	
Name	**Title**
Example: First Name, Last Name	*Samone Sampson, 1st grade teacher*

Principal approved outside chaperones	
Name	**Relation to School**
Example: First Name, Last Name	*Parent of James Monroe, 2nd grade student*

**At the minimum, all field trips and expectations shall be effectively aligned to ELA-specific standards.*