

## Day and Overnight Field Trip Approval Procedures

### Day Trip Field Trips (less than 150 miles one way)

#### **Teacher/Staff**

1. Complete the fillable *Trip/Transportation form*
2. Submit to Site Principal for signature
3. Identify chaperones and have each of them sign the *Field Trip Chaperone Roles and Responsibilities form*.
4. Collect field trip permission slips and medical release waivers.
5. Submit student list to School Nurse for review
6. The teacher submitting the form is the designated Field Trip Supervisor.

#### **Site Principal**

1. Principal must approve the field trip and verify completeness 15 days prior to a scheduled trip and email to Breanne Cerda, Assistant to the Directors.

#### **Chief Academic Officer/Directors**

1. CAO/Directors reviews field trip for student safety, educational value and impact to students/staff.
2. Once approved the request is then forwarded to accounting and transportation. Teachers are notified of approval/disapproval with a cc to site principal.

### Overnight Field Trip and Day Trips over 150 miles one way

#### **Teacher / Staff**

1. In addition to completing a *Trip/Transportation Request*, the *Request for Overnight Field Trip and Day Trips Over 150 Miles One Way* must also be completed.
2. Submit to site principal to sign (the principal must forward to Director of PreK-5 or Director of 6-12 and CTE a minimum of 2 weeks prior to a scheduled Board Meeting that occurs prior to the field trip).
3. *Field Trip Chaperone Roles and Responsibilities* completed by each chaperone. *Chaperone District Consortium Live Scan Request* completed 30 days prior to field trip. Live Scan clearance must be received by principal prior to the trip.

4. Distribute notices for parents to complete.
5. Schedule a pre-event orientation with the chaperones prior to the event to review chaperon responsibilities, emergency procedures, event activities and collect signed *Field Trip Chaperon Rolls & Responsibilities*.
6. Collect *Field Trip Permission Slips* and *Medical Release Waivers*.
7. Submit student list to School Nurse for review to identify students with special health needs.
8. Identify staff members who's trained and equipped to assist students requiring medical procedures and/or medicine administration/monitoring.
9. The teacher submitting the form is the designated Field Trip Supervisor.

### **Site Principal**

1. Principal must approve and verify completeness of requests and then turned into (email fillable form) to Breanne Cerda for review by the appropriate Director 15 days prior to a scheduled Board Meeting.
2. All *Live Scan Fingerprinting Requests* must be submitted to Human Resources for processing 30 days prior to the desired date. Live Scan acceptance must be completed prior to Field Trip Departure.

### **Directors and Chief Academic Officer**

1. Directors and CAO reviews field trip for student safety, educational value and impact to students/staff.
2. Once approved, request is then added to the next Cabinet Agenda.
3. After Cabinet approval, request is then added to the next Board Agenda and forwarded to accounting/transportation. If the request is not approved, site principal will be contacted.
4. After Board meeting, teacher/site principal will be notified of Board action.

## **FIELD TRIP CHAPERONE ROLES AND RESPONSIBILITIES OF SUPERVISING TEACHER**

### **General Provisions**

1. All chaperones must conform to all pertinent Board Policies and Regulations.
2. The Field Trip Supervisor must be a faculty member of the school taking the trip.
3. All chaperones must be at least 21 years of age and a member of the school faculty/staff or a district registered volunteer.
4. For overnight or trips over 150 miles one way, all chaperones shall have attended a pre-event orientation with the Field Trip Supervisor at which time all event activities will be outlined, participants with special needs identified, and chaperone expectations, responsibilities, and emergency procedures discussed.
5. Drinking of alcoholic beverages, use of controlled substances, smoking, or use of tobacco products by a chaperone at any time during a field trip is prohibited.
6. Chaperones will not be permitted to bring relatives or siblings of participating students or other persons on a field trip.
7. Field trips must have at least one chaperone designated who is trained and equipped to assist students requiring medical procedures and/or medicine administration/monitoring per AR 5141.21 (h).
8. Chaperones must not dispense medicine to children except those that have been provided by the parents or guardian along with written specific directions provided by the parents, guardians or professional health care providers.
9. Chaperones must wear appropriate clothing at all times.
10. Chaperones must not use profanity.
11. Each Chaperone will be assigned Field Trip Supervisory responsibility for no more than twenty students.
12. Students are never to leave a supervised area unless escorted by a chaperone.
13. For theme park visits or visits to any destination where students are “fenced in”, 7-12 students must report to a designated ‘home base’ to check in with a chaperone as directed. K-6 students must be accompanied at all times by a chaperone at no greater than twenty to one ratio.

Paso Robles Joint Unified School District

14. Chaperones shall maintain an operating cell phone and be provided with a list of persons to call if there is an emergency.
15. Medical release waivers for each student shall be carried on all field trips. In case of an accident, the medical release waivers shall be presented to the treating physician. A student's permission slip shall be attached to the student injury incident report which is required with an accident.
16. Field Trip Supervisors and chaperones shall provide age appropriate training to participants for evacuation points, alternate emergency assembly locations, reporting injuries, etc.
17. The Field Trip Supervisor shall ensure that a first aid kit is immediately available at all times during the trip.

## **BEHAVIOR INCIDENT RESPONSE**

1. Chaperones are expected to be familiar with the Student Code of Conduct and Discipline/Academic/Co-Curricular Code of Ethics, and the Civility Policy.
2. Chaperones must promptly report any inappropriate behavior violations (curfew violations, use of alcohol, drugs, etc.) to the Field Trip Supervisor.
3. The Administrator or School Resource Officer will consult with the Field Trip Supervisor and give direction on the investigation and interview process.
4. An investigation shall follow these steps:
  - Separate the students and have them write statements. Do not have students write statements together
  - Follow directed search and seizure procedures
  - Interview students individually after collecting statements
  - If you have chaperones on the trip, have them write statements if they have any information that would help in the investigation
  - Collect statements and ask questions about the incident
  - Write down verbal statements and observations
  - Write down time and date
  - Notify Child Protective Services (CPS) or law enforcement as directed
  - Contact parents by phone

## **HOTEL PROTOCOL**

1. Student rooms shall not be on the ground floor whenever possible.
2. Chaperone rooms shall be adjacent to every student occupied room.
3. An adult chaperone room shall never be totally vacated at any time.
4. Chaperones must take meals with their assigned students.
5. At no time shall participants just be “turned loose.”
6. Chaperones shall conduct a bed check for participants assigned to them by knocking on each door and checking to see that each participant is in his/her assigned room and that there are no visitors in the room. Female Chaperones are to check female participant rooms and male chaperones are to check male participant rooms.
7. Chaperones shall check hotel rooms of participants before leaving so that damages can be determined immediately and to make sure nothing gets left behind inadvertently.

FOR ALL  
LOCAL  
FIELD TRIPS  
EVEN IF  
NO  
TRANSPORATION  
IS REQUIRED

PASO ROBLES PUBLIC SCHOOLS  
P.O. Box 7010  
Paso Robles, CA 93447  
(805) 769-1160

No. \_\_\_\_\_

# TRIP / TRANSPORTATION REQUEST

(Must be submitted two weeks prior to trip)

Section 1

DATE OF REQUEST: 11/11/15

DATE OF TRIP: 12/12/15

SCHOOL: PRHS

TEACHER: Rhonda Avery

DESTINATION: Rancho El Chorro

OTHER CHAPERONES: Mrs. Avery, Mr. & Mrs. Smith

DEPARTURE TIME 8:00       AM       PM      RETURN TIME: 5:00       AM       PM      # of Passengers 24

PURPOSE (Select one):  FIELD TRIP  EXTRA-CURRICULAR  CONF/MEETING  OTHER: Band Performance

TRANSPORTATION REQUESTED:  BUS  VAN(S)  WALK  OTHER: \_\_\_\_\_  
(Explain other): \_\_\_\_\_

IF VAN(S), LIST DRIVER(S): \_\_\_\_\_

OTHER STOPS REQUIRED (Eating, Resting, etc.): N/A

PURPOSE (Tell how this trip relates to goals and objectives of course).  
Gives the Band experience performing in front of a live audience

REQUESTOR'S NAME: Rhonda Avery

DATE: 11/11/15

\*If bus requested, bus driver **must** have a copy of passenger list. Listing all persons on board.  
\*All persons picking up district vehicles, **must** have a current District Driver Class Certification

Section 2

PROGRAM CODE: 1 . 2345 . 6 . 789 . 1234 . 5678 . 879 . 1212 . 1212      SPECIAL BILLING (Explain) N/A

APPROVAL: PRINCIPAL/DESIGNEE (Signature): \_\_\_\_\_

DATE: \_\_\_\_\_

Section 3

APPROVAL: CHIEF ACADEMIC OFFICER (Signature) \_\_\_\_\_

DATE: \_\_\_\_\_

Section 4

APPROVAL: ACCOUNTING/BUDGET (Signature) \_\_\_\_\_

DATE: \_\_\_\_\_

Section 5

APPROVAL: TRANSPORTATION (Signature) \_\_\_\_\_

DATE: \_\_\_\_\_

FOR ALL  
OVERNIGHT  
FIELD TRIPS  
AND  
FIELD TRIPS  
OVER 150  
MILES ONE WAY



PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT  
**REQUEST FOR OVERNIGHT FIELD TRIP AND  
 DAY TRIPS OVER 150 MILES ONE WAY**

*(To allow for proper processing overnight field trip requests **must be submitted 15 days prior** to a scheduled Board meeting, on CAO's desk. Any trip taken without prior Board approval may result in consequences such as paying your own trip out of pocket and/or possible disciplinary action.)*

PLEASE TYPE IN INFORMATION

Form completed by: Rhonda Avery

Site: DO

Destination: Rancho El Chorro

School/Organization: PRHS Band

Student Grade(s) attending: Junior and Seniors

Dates/Times:

Leave Day: Monday Date: 12/12/15 Time: 8:00 AM

Return: Tuesday Date: 12/13/15 Time: 5:00 PM

School Day: YES

Purpose of trip: To perform for students at Rancho El Chorro

Brief Itinerary: Arrive Monday at 9:30, play two sessions, then camp for the night, return Tuesday back at school.

Name of Requestor(s)/Teacher(s): Rhonda Avery

Date: 11/11/15

**If male and female students are attending, male and female chaperones must also comply with Board Policy (BP/AR 6153 School Sponsored Trips) Chaperones must be age 21 or older (AR 6153 School Sponsored Trips).**

**Chaperone Ratios:** Day & Overnight Field Trips 1:20, Water Activities 1:10, Backpacking Trips 1:7

Number of female students attending: 10

Number of male students attending: 10

Number of female chaperones attending: 1

Number of male chaperones attending: 1

Type of transportation District Bus

If other explain \_\_\_\_\_

**\*\*if private auto, proof of insurance must be filed with District Business Office**

A **request for transportation MUST** be sent to the Transportation Department including the use of charter transportation.

If sack lunches are to be prepared, a *request for food services should be sent* to the Food Services Department

Name of funding source: LCAP

Cost to District: \$300.00

Cost per Student: \$15.00

All overnight and day trips must be approved by the site Principal prior to submission to CAO's office. Emailing this form to the CAO's Assistant by the site Principal will be considered a signed copy of the site Principal's approval.

Note: *Adobe Read/Write is required to use this form; if you do not have access to Adobe, please contact your site secretary.*

**FOR DISTRICT OFFICE USE ONLY**

- Fingerprint clearance for chaperones confirmed (full screening required for overnight trips)
- Megan's Law clearance chaperones confirmed ( required for day trips)
- Not Applicable – Chaperones are Paso Robles Joint Unified School District Staff

Babette DeCou

Chief Academic Officer (Print Name)

Signature

Date

**PRJUSD BOARD ACTION**

**YOUR FIELD TRP HAS BEEN:**

**APPROVED**

**DENIED**

Scott Lathrop

Chief Business Officer (Print Name)

Signature

Date

**PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT  
REQUEST FOR OVERNIGHT FIELD TRIP AND DAY TRIPS OVER 150 MILES ONE WAY**

ADDITIONAL CHAPERONES

**If male and female students are attending, male and female chaperones must comply with Board Policy for overnight and day trips (BP 6153 School Sponsored Trips). Chaperones must be age 21 or older (AR 6153 School Sponsored Trips).**

Names of Female Chaperones

Teacher/Parent/Other\*  
\*If "other", please specify.

Names of Male Chaperones

Teacher/Parent/Other\*  
\*If "other", please specify.

Names of <u>Female</u> Chaperones	Teacher/Parent/Other* *If "other", please specify.	Names of <u>Male</u> Chaperones	Teacher/Parent/Other* *If "other", please specify.
Mrs. Avery	Teacher	Mr. Williams	Teacher

**PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT  
REQUEST FOR OVERNIGHT FIELD TRIP AND DAY TRIPS OVER 150 MILES ONE WAY**

**STUDENTS ATTENDING**

FEMALE STUDENTS	Grade
Jane Doe	11
Jane Doe	11
Jane Doe	11
Jane Doe	11
Jane Doe	11
Jane Doe	12
Jane Doe	12
Jane Doe	12
Jane Doe	12
Jane Doe	12
Jane Doe	12

MALE STUDENT	Grade
John Doe	11
John Doe	11
John Doe	11
John Doe	11
John Doe	11
John Doe	12
John Doe	12
John Doe	12
John Doe	12
John Doe	12
John Doe	12



# Paso Robles Overnight Supervision Plan



<b>Trip/Team</b>			
<b>Trip Dates</b>			
<b>Hotel</b>			
<b>Address (City &amp; State)</b>			
<b>Administrator(s) Names (With cell contact)</b>			
<b>Coaches Names (With cell contact)</b>			
<b>Number of Students</b>			
<b>Number of Chaperones</b>			
<b>Detailed Itinerary*</b>	<b>Date:</b>	<b>Time:</b>	<b>Activity</b>
<b>Hotel Room Check Information</b>	<b>Time students are required to be in rooms</b>		
	<b>Room checks done by</b>		
	<b>Time lights out</b>		
<b>Student Medical Cards on File with Coach:</b>		<b>YES</b>	<b>NO</b>
(Please circle one)			
* Account for each day, each event, each activity, and each hour of trip.			

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# TRIP / TRANSPORTATION REQUEST

(Must be submitted two weeks prior to trip)

Section 1

DATE OF REQUEST: 11/11/15

DATE OF TRIP: 12/12/15

SCHOOL: PRHS

TEACHER: Rhonda Avery

DESTINATION: Rancho El Chorro

OTHER CHAPERONES: Mrs. Avery, Mr. Williams

DEPARTURE TIME 8:00       AM       PM      RETURN TIME: 5:00       AM       PM      # of Passengers 22

PURPOSE (Select one):  FIELD TRIP  EXTRA-CURRICULAR  CONF/MEETING  OTHER: Band Performance

TRANSPORTATION REQUESTED:  BUS  VAN(S)  WALK  OTHER: \_\_\_\_\_  
(Explain other): \_\_\_\_\_

IF VAN(S), LIST DRIVER(S): N/A

OTHER STOPS REQUIRED (Eating, Resting, etc.): N/A

PURPOSE (Tell how this trip relates to goals and objectives of course).  
Gives the band experience performing in from of a live audience

REQUESTOR'S NAME: Rhonda Avery

DATE: 11/11/15

\*If bus requested, bus driver **must** have a copy of passenger list. Listing all persons on board.

\*All persons picking up district vehicles, **must** have a current District Driver Class Certification

Section 2

PROGRAM CODE: 01 . 1234 . 5 . 6789 . 1234 . 5678 . 012 . 3456 . 7890      SPECIAL BILLING (Explain) N/A

APPROVAL: PRINCIPAL/DESIGNEE (Signature): \_\_\_\_\_

DATE: \_\_\_\_\_

Section 3

APPROVAL: CHIEF ACADEMIC OFFICER (Signature) \_\_\_\_\_

DATE: \_\_\_\_\_

Section 4

APPROVAL: ACCOUNTING/BUDGET (Signature) \_\_\_\_\_

DATE: \_\_\_\_\_

Section 5

APPROVAL: TRANSPORTATION (Signature) \_\_\_\_\_

DATE: \_\_\_\_\_

FOR  
PARENTS TO  
FILL OUT

## FIELD TRIP CHAPERONE ROLES AND RESPONSIBILITIES

A chaperone's main duty is to assure the safety of the students participating in the field trip. The field trip supervisor must be a faculty member of the school taking the trip and will be responsible for the procedures for the field trip and for providing information to chaperones regarding emergency procedures.

### General Provisions

1. All chaperones must conform to all pertinent Board Policies and Regulations.
2. Students are never to leave a supervised area unless escorted by a chaperone.
3. Chaperones shall maintain an operating cell phone and be provided with a list of persons to call if there is an emergency.
4. Chaperones must wear appropriate clothing at all times.
5. Chaperones must not dispense medicine to children except those that have been provided by the parents or guardian along with written specific directions provided by the parents, guardians or professional health care providers.
6. Drinking of alcoholic beverages, use of controlled substances, smoking, or use of tobacco products by a chaperone at any time during a field trip is prohibited.
7. Chaperones must not use profanity.

### BEHAVIOR INCIDENT RESPONSE

1. Chaperones are expected to be familiar with the Student Code of Conduct and Discipline/Academic/Co-Curricular Code of Ethics, and the Civility Policy.
2. Chaperones must promptly report any inappropriate behavior violations (curfew violations, use of alcohol, drugs, etc.) to the Field Trip Supervisor.

I, \_\_\_\_\_, am a chaperone for  
\_\_\_\_\_ field trip being taken on  
\_\_\_\_\_. The Field Trip Supervisor is \_\_\_\_\_.

As a member of the adult supervision of this activity, I hereby acknowledge that I have read and understand the provisions of the District's Administrative Regulation 6153 and agree to execute my duties as a chaperone in accordance with its provisions.

\_\_\_\_\_  
Chaperones Signature

\_\_\_\_\_  
Date

# FIELD TRIP NOTICE/ VOLUNTARY EXCURSION/ PERMISSION

\_\_\_\_\_ Student Name \_\_\_\_\_ School Site \_\_\_\_\_ Grade \_\_\_\_\_

has my permission to participate in the following voluntary activity:

\_\_\_\_\_

Departure date and time: \_\_\_\_\_ Return date and time: \_\_\_\_\_

Transportation will be by: District Bus Charter Bus District Van Private vehicle

## EMERGENCY CONTACTS

1. \_\_\_\_\_  
NAME DAYTIME PHONE NUMBER NIGHTTIME PHONE NUMBER

2. \_\_\_\_\_  
NAME DAYTIME PHONE NUMBER NIGHTTIME PHONE NUMBER

## MEDICAL INFORMATION

Emergency Medical Conditions (Check any that apply):

- |                                   |                                 |                        |
|-----------------------------------|---------------------------------|------------------------|
| Allergies                         | Asthma                          | Diabetes               |
| Epilepsy                          | Heart Problem                   | Orthopedic Limitations |
| On-going/Continuing Medication(s) | Special Diet Needs/Restrictions | Other Conditions:      |

Additional emergency/medical condition comments: \_\_\_\_\_

As parent/guardian, I understand these activities have inherent risks to the individuals participating in such activities, and that participation is voluntary. I understand that by participating, my child and I are assuming responsibility for the inherent risks. I understand that the law states in California Education Code Section 35350, 35330, and local Board Policy 6153 and that such sections provide that all persons making the field trip shall be deemed to have waived all claims against Paso Robles Joint Unified School District, its officers, agents, and employees are held harmless from liability or claims which may arise out of or in connection with my child's participation in this activity. I also understand that as the parent/guardian, I am fully responsible for the action and behavior of my child/ward and understand that participants are to abide by all rules and regulations governing conduct during the trip.

The assigned supervisors are hereby authorized in case of emergency to obtain any and all necessary medical assistance or treatment for the above-named person and to authorize the giving as such assistance or treatment in the place of the undersigned.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_