

SUSD STUDENT TRIP REQUEST CHECKLIST

Steps 1 through 4 must be filled out for every field trip.

1. **Field/Extra Trip Transportation Request** completed, signed by the appropriate administrators. **(One Month in Advance)**
This would also include day trips. I.e. Blackbeards, Wild Water Adventure, etc. (If this is an out of state or overnight trip, it must be board approved.)
2. **ITINERARY** for trip, outlining all activities. Copies will be given to all students and parents
3. **Parent Consent Release and Waiver of Liability and Assumption of Risk Agreement for Minor Child**
4. **Parent Consent for Voluntary Field Trip and Emergency Medial Authorization**
5. **Agreement to transport students** (applicable only if adults are transporting student in their own vehicles)
6. **Release for student to ride in private vehicle** (Applicable only if student is being transported by private vehicle)
7. **Field Trip Code of Conduct** (Applicable for Overnight Trips)
8. **Out- Of-State Trip Waiver** (Applicable only if trip is OUT OF STATE)

General Information

1. Make sure the **Cafeteria** is notified about the field trip and if school lunches are required or not so they can plan accordingly.
2. Please complete the particulars regarding your event before copying to give to your students. Do this both on the **“Parent Consent for Voluntary Field Trip and Emergency Medial Authorization”** and the **“ITINERARY”**.
3. An **“ITINERARY”** to be sent home to the parents with the permission slip.
4. A permission slip must be sent home with students for authorization and completed by parents. If they are not turned in completed by the **cut-off-date**, the student shouldn't be allowed to go. Emergency information is a **must** for your protection.

Timeline

Four Weeks prior to the field trip please submit the **Field/Extra Trip Transportation Request to transportation**

Two Weeks prior to the field trip, please submit the following to the school secretary

1. Date of Field Trip
2. Time of Field Trip
3. Location of Field Trip
4. Sponsoring Teacher
5. Emergency Phone #
6. Field Trip Roster – A preliminary typed alphabetical list of students attending. This will allow time to verify student eligibility
7. Copy of itinerary/regulations for trip or activity information sheet.

One Week prior to the field trip, please submit the following to the school secretary:

1. Turn in all completed and signed permission slips. Once all are checked, the permission slip will be turned back to sponsoring teacher to take on field trip.
2. Include overnight information if applicable.
3. Once list is finalized, no less than 3 days before trip, e-mail or put a copy in teachers' boxes of the students participating on the field trip. Make sure this includes the date and time of the trip/activity. Also send this list to the cafeteria.

ONE DAY following the field trip, please submit the following for attendance verification:

Verified list of who actually attended the field trip.

**PARENTAL CONSENT RELEASE AND WAIVER OF LIABILITY
AND ASSUMPTION OF RISK AGREEMENT FOR MINOR CHILD**

FOR GOOD AND VALUABLE CONSIDERATION, including permission for _____, (the “minor”) to participate in _____ and related activities, I, the parent/guardian of the minor for myself and on behalf of the minor:

- 1 Consent to the minors’ participating in the event or activity, and agree that should the minor or myself find any facilities and/or equipment to be unsafe, I will immediately advise the person supervising the event, activity, facility or area;
- 2 Acknowledge that the minor and I fully understand that participation may involve risk of serious injury or death, including economic losses which may result not only from the minor’s own actions, inactions, or negligence, but also from the actions, inactions of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;
- 3 Assume any and all risks of personal injuries to the minor, including medical or hospital bills, permanent or partial disability, death and damage to property, caused by or arising from the minors’ participation in the event or activity.
- 4 Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against the **Sierra School District “SCHOOL DISTRICT”**, and their officers, employees and agents attributable to the minors’ participation in the event or activity.
- 5 Release, waive, discharge and relinquish the **“School District”**, officers, employees, and agents from any liability, loss damage, claim, demand or cause of action against them arising from or attributable to the minors’ participation in the event or activity, whether same shall arise by their negligence or otherwise.
- 6 Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with the minors’ participation in this event or activity without compensation from the **‘School District’**, and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose;
- 7 Warrant that the minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity;

THIS DOCUMENT RELIEVES “SCHOOL DISTRICT” AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

Printed Name

Signature

Date

_____ (Parent or Guardian) _____

_____ (Minor Child) _____

SIERRA UNIFIED SCHOOL DISTRICT

STUDENT SERVICES, RIGHTS as RESPONSIBILITIES

Rights & Responsibilities

Student Trips

PURPOSE:

A. SUPERVISION

School districts are responsible for the conduct and safety of students while they are off school premises at a school sponsored activity. Employees bear a legal duty to exercise reasonable care in supervising students. Sponsors of an activity off school premises accept responsibility or liability if they fail to exercise "reasonable care? Students attending school required activities are entitled to the same safeguards as those who are on school property, within supervisory limits.

Good supervision relates to good judgment and will be held to a standard of what a person of ordinary prudence, charged with comparable duties, would exercise in those same circumstances.

We are required to check with students frequently enough to help assure proper conduct. We must define parameters of where students can go and for how long. Students must travel in groups and should have time and geographical check points. Room checks, luggage and bag checks, and check points in time and geography establish evidence of reasonable supervision. "**Free time**" and/or releasing students for extended periods of time **does not** meet the definition of reasonable supervision or care.

B. PROGRAM TRAVEL

Sierra Unified programs travel for the following purposes:

1. To provide programs and individual students with the opportunity to compete against the very best
2. To evaluate the quality level of each SUSD program against the top programs in the country,
3. To promote participation in our programs
4. To familiarize our students with the social and cultural diversity in our country.
5. To participate in section, state or national playoffs and competitions.

C. CHAPERONES

Purpose:

To support the school personnel on trips

Duties:

1. Assist the school personnel by

- Transporting students
- Supervising students
- Checking rooms, luggage, etc.
- Preparation and distribution of equipment and uniforms
- Providing snacks and meals to students
- Providing for the general well-being of all students
- It is recommended that at least one chaperone of the same gender travel with any group.
- Chaperones must be made aware that for them this is a working trip, not a vacation

2. Sleeping Arrangements

- Checking confined areas including all exits and between designated sleeping areas. You may be assigned a specific shift for supervision through the night.
- Individual room including performing periodic and multiple door checks and room checks when applicable. Tape the doors after lights out for easier inspection.

**SIERRA UNIFIED SCHOOL DISTRICT
FIELD TRIP CODE OF CONDUCT**

TRIP PURPOSE/PHILOSOPHY STATEMENT

The trip you are embarking upon to represent your school, the Sierra Unified School District and the community promises to be a great experience. We are confident that each of you will put your total effort and concentration into this event. Not only will you be experiencing participation at its highest level, but hopefully, accumulating unforgettable memories along the way. We are extremely proud of each of you who contribute so much to the school.

Remember who you are. Remember that you represent our school and district. Savor the experience and take pride in being a member of our school. We believe in you and know you will make us proud of your achievements.

RULES AND REGULATIONS

Please be aware that all school and Sierra Unified School District rules and policies apply, and any trip discipline will be followed by school discipline and code of ethics consequences upon your return. Any student not complying with the general guidelines for the trip may be sent home immediately (at parent expense) or is restricted for the rest of the trip.

Gambling, drinking, use of drugs, tobacco, controlled substances, theft, profanity or other undesirable behavior will not be tolerated.

HOTEL DEPARTMENT

Upon arrival at our hotel, keys will be issued to those who have been assigned that responsibility. If you lose your keys, extras will be available after you pay the replacement cost. Remember that the hotel will be full of other guests and you should be considerate of their presence. Any problems or damages with any room will be attributed to the assigned students or parents. Absolutely no one of the opposite sex will be allowed in the rooms. Students should not give out the name of the hotel, room number and/or phone number to anyone other than their own immediate family members.

Upon check-out, the room will be charged for any missing items. All keys will need to be turned in to the chaperone, and all room charges will need to be cleared before check-out is completed.

Remember that hotels charge for all phone calls (except those made within the hotel). Pay phones are to be used for all personal calls. Also, many hotels have pay TV included on "in-room" television sets. Very often this is an additional charge and if you use the service, you will need to pay for it. Only appropriately rated programming should be viewed. Many hotels have mini-refrigerators in the rooms. The contents of these units are not complimentary, often expensive and anything taken will be added to your bill.

Be considerate of other guests. After room check and "lights out", there should be no TV, radio, hair dryers, etc. Get some sleep at night—you will have a full itinerary which will demand your full energy.

TRANSPORTATION

All students should comply with instructions given by advisors and employees of the transporting service. Safety standards should always be observed. Remember that you represent your school and organization throughout the trip.

Student's Signature

Date

Parent Signature

Date

SIERRA UNIFIED SCHOOL DISTRICT
WAIVER OF CLAIMS
OUT-OF STATE TRIP ONLY - EDUCATION CODE 35330

The District has authorized the following field trip: _____.
Neither the District, nor the State of California is responsible for any illness, accident, injury or death occurring during or by reason of the field trip.

All adults and adult students taking part in a field trip and all parents or guardians of minor students taking field trips are required to sign a statement waiving such claims.

Waiver by Adult Student

I hereby waive all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the above-mentioned field trip.

Date: _____ Signature _____

Print Name _____

Waiver by Parent or Guardian of Minor Student Taking Trip

I certify that I am the parent or guardian of the pupil identified below. I hereby waive on my child or ward's behalf all claims against the District or the State of California for injury, accident, or illness, or death occurring during or by reason of the above-mentioned field trip.

Name of Pupil: Type or Print Name _____

Date: _____ Signature _____

Print Name _____

Waiver by Adult Accompanying Students on Trip

I hereby waive all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the above-mentioned field trip.

Date: _____ Signature _____

Print Name _____

**SIERRA UNIFIED SCHOOL DISTRICT
PERMIT TO RELEASE A STUDENT FOR PARTICIPATION IN, AND
TRANSPORTATION TO AND/OR FROM SCHOOL ACTIVITY
IN PRIVATE VEHICLE**

I, _____, am the parent/legal guardian
of _____.

I hereby permit the above-named student to participate in the following event and be transported by private automobile **to** and/or **from** (Circle one or both)

_____ on _____
(Place of Event) (Date)

by _____
(Name of person transporting student)

Event: _____

Teacher, Coach or Leader: _____

Health needs (initial as appropriate):

My student has no special health/medical needs.

My student has _____ health needs
and will have _____ medication on
the trip which shall be deposited with _____
who is in charge of the trip.

By signing this permit, I agree not to hold the school liable for any personal Injury, property damage, or other injury my student sustains while being transported to and/or from the above-stated event.

I understand that it is my responsibility to investigate both the competence and skill of the above-named individual to transport my child and the quality with which that individual maintains his or her vehicle.

I UNDERSTAND THAT BY SIGNING THIS CONTRACT, I AM WAIVING RIGHTS WHICH I MAY OTHERWISE HAVE.

I am mentally competent, and sign this contract freely and without having been subjected to any coercion or duress.

Date: _____ at _____ California

(Parent/Legal Guardian's Signature) (Telephone Number)

**SIERRA UNIFIED SCHOOL DISTRICT
AGREEMENT TO TRANSPORT
Completed by the adult transporting the student(s)**

I, _____ agree to transport _____
(Name of student or students)

to and from the _____ on _____
(Place of event) (Date)

By signing this contract, I agree to indemnify (pay to) the school any amount for which the school district and its agents may be liable due to personal injury, property damage, or other injury sustained by the above-named student due to being transported by me on the date stated above.

I understand that I am being entrusted with the care of the above-named student and that I am exposing myself to liability by assuming his/her responsibility.

I UNDERSTAND THAT BY SIGNING THIS CONTRACT, I AM ASSUMING OBLIGATIONS, WHICH I MAY NOT OTHERWISE HAVE.

I am mentally competent, and sign this contract freely and without having been subjected to any coercion or duress.

Date: _____ at _____, California

Signature _____

- *California Driver's License Number:* _____ *Expiration Date:* _____
- *Vehicle Year:* _____ *Make/Model* _____
- *Insurance policy number:* _____ *Expiration Date:* _____
- *Insurance Agent or Company:* _____
- *Insurance Policy Limits:* _____

SIERRA UNIFIED SCHOOL DISTRICT

PARENT CONSENT FOR VOLUNTARY FIELD TRIP AND EMERGENCY MEDICAL AUTHORIZATION

This form must be completed and turned into the Assistant Principal's office before student is allowed to attend the field trip. Student must also be eligible in order to attend.

STUDENT TO COMPLETE THIS SECTION:

Student's Name: _____ Teacher's Name: _____

Sponsoring Organization: _____ Purpose/Name Activity: _____

School Dates/Periods to be Absent: _____ Overnight Trip: Yes No

_____ has my permission to participate in the field trip to _____
_____ on _____ departure time _____ AM/PM and
return time _____ AM/PM School Lunch Required Yes No

PARENTS PLEASE NOTE:

It is necessary that parents specifically authorize their child to be included in this field trip. While supervision for this event will be furnished by the school, parents are hereby advised that such supervision by school personnel will occur only during the time period stated above. The school district will take every precaution to assure the welfare and safety of your student while participating in this activity. However, the school district assumes no liability whatsoever in case of injury or accident. If school transportation is provided, it is understood that the student must ride to and from the activity on such transportation. If the student fails to abide by school rules or regulations, he/she could be subject to discipline and removal from the activity.

Parent/Guardian Signature

Date Signed

I am aware as a representative of Sierra High School Student Body, I must conduct myself as to reflect credit upon the school at all times, and I will obey all of the rules and regulations of this trip.

Student Signature

.....
(Note: Teachers detach here and take bottom portion on the field trip.)

(Student's Name)

EMERGENCY MEDICAL AUTHORIZATION (Parent/Guardian Please Complete)

Should it be necessary for my student to have emergency medical treatment while participating in this trip, I hereby authorize Sierra High School personnel to use their judgement in obtaining emergency medical services for my student. I further authorize any individual selected by Sierra High School personnel to render such emergency medical treatment to my student as he/she may deem necessary and appropriate. I understand Sierra High School has no district insurance, which pays the medical or hospital, costs that might be incurred on behalf of my student. Consequently, I understand that any and all such costs shall be my sole responsibility. Sierra High School has previously made available to me student Insurance which can be obtained at my own expense.

(Parent/Guardian Name)

(Address)

(Home Phone)

(Business Telephone Number)

(Emergency Telephone Number)

(Health Insurance Carrier)

(Policy Number)

PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE AT SCHOOL

Student Medical Information

NAME OF STUDENT: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergies – General | <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Respiratory Problems |
| <input type="checkbox"/> Allergies – Bee Stings | <input type="checkbox"/> Epilepsy/Convulsive Disorder | <input type="checkbox"/> Sleep Talking |
| <input type="checkbox"/> Allergies – Food | <input type="checkbox"/> Female Problems | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Allergies – Medications | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Asthma Problems/Ulcer | | <input type="checkbox"/> Stomach |
| <input type="checkbox"/> Backaches/Weak Back | <input type="checkbox"/> Headaches severe/often | <input type="checkbox"/> Visual Difficulty |
| <input type="checkbox"/> Bowel/Urinary Problems | <input type="checkbox"/> Heart Trouble/Murmur | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Car/Travel Sickness | <input type="checkbox"/> Other Phobias | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Poison Oak/Ivy | <input type="checkbox"/> Other: _____ |

Explain any checked boxes: _____

Physical/emotional activity restrictions: _____

Is your child on any medication? Yes No Describe: _____

Instructions for administering medication: _____

A first aid box is carried on all trips. However, chaperones are not allowed to dispense medication. Please check the non-prescription medications that your child has permission to take as needed under supervision of the director.

- | | | | | | |
|----------------|----|--|-----|----|-----------------------|
| Yes | No | Kaopectate (For diarrhea) | Yes | No | Aspirin |
| Yes | No | Pepto Bismol (For upset stomach) | Yes | No | Tylenol (Non Aspirin) |
| Yes | No | Milk of Magnesia (For constipation) | Yes | No | Sudafed (Psuedonal) |
| Yes | No | Chloraseptic Spray (For sore throat) | Yes | No | Ibuprofen (Advil) |
| Yes | No | Caladryl (For rash/insect bites) | Yes | No | Robitussen (Cough) |
| Yes | No | Hydrocortisone (For rash/insect bites) | Yes | No | Cepacol Losenges |
| Yes | No | Antihistamine (Benadryl/Tavist) | Yes | No | Antacid |
| (Rolaids/Tums) | | | | | |
| Yes | No | Anusol/Tucks (Ointment/wipes) | Yes | No | Solarcaine |
| Ointment | | | | | |
| Yes | No | Cortaid (Benadryl Cream) | | | |

For the student's safety and medical comforts, this information will be made available to the chaperones.

My son/daughter is physically capable and has my permission to participate in all of the activities pertaining to this field trip, except as noted above.

Parent/Guardian Signature: _____ Date: _____