

<b>Distribution:</b> <input type="checkbox"/> Health Room <input type="checkbox"/> School Kitchen Manager
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# Field Trip Request

## Trip Details

School: <u>Cascade High School</u>		Trip date(s): <u>05/16/25</u>			
Trip name: <u>Example Field Trip</u> (Add trip code if not using Durham buses)					
Trip type:	<input type="checkbox"/> ASB <input type="checkbox"/> ATH <input checked="" type="checkbox"/> FT	Activity type:	<input checked="" type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 (Out-of-state requires prior approval of the superintendent) <input type="checkbox"/> Category 3 (Requires school board approval)		
Reason for trip: <u>Provide an example of what a complete field trip form looks like.</u>					
Account/Budget: <u>General Fund</u>					
Requester: <u>Holli Miller</u>					
PO number: <u>N/A</u>					
Origin: <u>Cascade High School</u>		<input type="checkbox"/> One-Way Trip			
Departure date: <u>5/16/25</u>	Arrive at school: <u>7:30</u>	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM		
	Depart from school: <u>7:45</u>	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM		
Return date: <u>5/16/25</u>	Return to school: <u>1:45</u>	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM		
Destination: <u>Everett High School</u>					
Arrival date: <u>5/16/25</u>	Arrive at destination: <u>8:00</u>	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM		
Departure date: <u>5/16/25</u>	Depart from destination: <u>1:30</u>	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM		
	Return to school: <u>1:45</u>	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM		
Additional destinations: _____					
<input checked="" type="checkbox"/> District bus <input type="checkbox"/> District vehicle (T2) (List driver names in notes) <input type="checkbox"/> Commercial transportation (Example: Airline; shuttle) <input type="checkbox"/> Charter bus* (CH) (Requires prior approval (Charter company name))					
<input type="checkbox"/> No district transportation provided (NT) <input type="checkbox"/> Operation School Bell (OSB) <input type="checkbox"/> Other: _____					
Number of:	Adults	Students	Wheelchairs	Vehicles	Special accommodations (list below or in notes)
	2	26		1*	
Contact name: <u>Holli Miller</u>		Contact phone: <u>425-385-6041</u>			
(Trip coordinating staff member)					
Notes:					
Bus with storage required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

## Substitute Request

Employee name	Substitute name	Start date	End date	Time needed
Holli Miller		5/16/25	5/16/25	<input checked="" type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM
				<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM
				<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM

Approval for Out-of-State		Approval for Charter Bus	
_____	_____	_____	_____
Superintendent	Date	Transportation Supervisor	Date

\*The number of buses will be assigned by Durham based on number of riders and needs.



Field Trip Informed Consent Notice
Adult Supervisor

Example Field Trip 05/16/25
Trip name Trip date(s) Adult supervisor name

Reason for trip: Provide an example of what a complete field trip form looks like.

Trip coordinating staff: Holli Miller

Coordinating staff member signature Date Building administrator signature Date

Destination: Everett High School Name of lodging: N/A

Lodging address: N/A Lodging phone: N/A

Origin: Cascade High School Destination: Everett High School Number of:

Departure date: 5/16/25 Arrival date: 5/16/25 Adults: 2

Departure time: 7:45 AM PM Arrival time: 8:00 AM PM Students: 26

Return date: 5/16/25 Departure date: 5/16/25

Return time: 1:45 AM PM Departure time: 1:30 AM PM

A completed field trip description and itinerary form MUST be provided.

Type of transportation

- District bus District vehicle Commercial transportation Charter bus
No district transportation provided (parent/guardian arranged transportation) Other:

SECTION TO BE COMPLETED BY ADULT SUPERVISOR

Adult supervisor name District staff member District approved volunteer

Medical Information

I do not have any special health problems.

List any special health problems. The following special health problems should be noted, and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

I am not taking any medications or topical(s) on this field trip.
I am taking the following medication(s) or topical(s) on this field trip.

Name of medication: Name of medication:
Name of prescribing health care provider: Phone number:

Medical Release

In the event of an accident or illness that is life threatening, I authorize the school district to secure emergency medical care as needed.

Name of primary care doctor Doctor's phone:
Primary care doctor's clinic Clinic phone:
Name of insurance carrier Policy number:

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. I understand that the school district will make all reasonable effort to provide a safe environment. I acknowledge that this activity entails known and unknown and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Being fully aware of the risks, I hereby give my consent as an adult supervisor to participate in the activity. My signature reflects my knowledge of the details of the trip and the itinerary.

Signature of adult supervisor Date

Adult supervisor name: Cell/Home phone:

Home address: Work phone:

Emergency contact name: Emergency contact phone:

Please return this form to Ms. Miller before (date) 5/6/25 and keep any attachment for your information.



# Field Trip Student Informed Consent Notice

Example Field Trip \_\_\_\_\_ 05/16/25 \_\_\_\_\_  
Trip name Trip date(s) Student name

Reason for trip: Provide an example of what a complete field trip form looks like.

Trip coordinating staff: Holli Miller

Coordinating staff member signature \_\_\_\_\_ Date \_\_\_\_\_ Building administrator signature \_\_\_\_\_ Date \_\_\_\_\_

Destination: Everett High School Place of lodging: N/A

Lodging address: N/A Lodging phone: N/A

Origin: Cascade High School Destination: Everett High School Number of:

Departure date: 5/16/25 Arrival date: 5/16/25 Adults: 2

Departure time: 7:45 AM PM Arrival time: 8:00 AM PM Students: 26

Return date: 5/16/25 Departure date: 5/16/25 A completed field trip

Return time: 1:45 AM PM Departure time: 1:30 AM PM description and

itinerary form MUST be provided.

Student will be RELEASED from class: \_\_\_\_\_ Date/Time \_\_\_\_\_ Student will RETURN to class: \_\_\_\_\_ Date/Time \_\_\_\_\_

### Type of transportation

- District bus  District vehicle  Commercial transportation  Charter bus
- No district transportation provided (parent/guardian arranged transportation)  Other: \_\_\_\_\_

## SECTION TO BE COMPLETED BY PARENT/GUARDIAN

Student ID number \_\_\_\_\_ Student name \_\_\_\_\_

### Medical Information

My student does not have any special health problems.

List any special health problems. The following special health problems should be noted, and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

Any medication, prescription or non-prescription, must have signed orders from a licensed health care professional and parent/guardian.

My student  IS NOT taking any medications or topical(s) on this field trip.

My student  IS taking the following medication(s) or topical(s) on this field trip.

Name of medication: \_\_\_\_\_ Name of medication: \_\_\_\_\_

Name of prescribing health care provider: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the student's parent/guardian immediately. However, if they are not available, I authorize the school district to secure emergency medical care as needed.

Name of primary care doctor \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

Primary care doctor's clinic \_\_\_\_\_ Clinic phone: \_\_\_\_\_

Name of insurance carrier \_\_\_\_\_ Policy number: \_\_\_\_\_

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. I understand that the school district will make all reasonable effort to provide a safe environment. I acknowledge that this activity entails known and unknown and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Being fully aware of the risks, I hereby give consent for my student to participate in the activity. My signature reflects my knowledge of the details of the trip and the itinerary.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_ Emergency number \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Cell/Home phone: \_\_\_\_\_

Home address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Please return this form to Ms. Miller before (date) 5/6/25 and keep any attachment for your information.

## Assumption of Risk for Overnight Field Trips

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

### Section 1: Scope of Field Trip

\_\_\_\_\_ wishes to participate voluntarily in Example Field Trip Form (“field trip”). In consideration of the permission by the Everett Public Schools, including its employees, officers, directors, and agents (the “district”) to participate in this field trip, I agree to the terms contained in this document.

### Section 2: COVID-19 NOTICE

The novel coronavirus (“COVID-19”) has been classified by the World Health Organization as a global pandemic and has spread across the state of Washington. **COVID-19 may result in serious illness, debilitating injury, or death.** Older adults and people of any age, including children, who have serious underlying medical conditions might be at higher risk for severe illness or death from COVID-19.

The district has implemented certain measures in an effort to reduce the spread of COVID-19. However, notwithstanding any such efforts, it is not possible to guarantee that COVID-19 is not present nor to prevent field trip participants from exposure to, contracting, or spreading COVID-19. By participating in this field trip, I understand and acknowledge that my student, and subsequently my family or those with whom my student comes in close contact, may be exposed to the risk of contracting or spreading COVID-19. Certain activities associated with greater rates of disease transmission which expose visitors to a high risk of exposure to, contracting, or spreading COVID-19.

I understand that my student’s participation in this field trip is voluntary and is not required. By signing below, I acknowledge that I have carefully read the above, and that I understand the risks of COVID-19 associated with participating in this field trip. By signing below, I further acknowledge that I understand that the risk of exposure to, contracting, or spreading COVID-19 may result from the acts, omissions, or negligence of myself and others, including but not limited to the district employees, agents, representatives, volunteers; other students, program participants, and their families, and/or other individuals who may be present in attendance on this field trip. I knowingly and voluntarily assume such risks, including the risk of serious illness, debilitating injury, or death.

### Section 3: Nonrefundable Deposits

Certain overnight field trips require families and the district to place nonrefundable deposits. If this field trip requires such a deposit, you will be informed by the field trip coordinator of the amount of and when such deposit becomes non-refundable. **If your student becomes unable to attend the field trip for any reason after a non-refundable deposit has been placed, neither the school nor the district will refund that amount to you unless the field trip venue also refunds the district. Therefore, the district strongly encourages you to consider purchasing appropriate travel insurance to protect against that risk. By signing below, I acknowledge this non-refundable deposit protocol and that I will have no cause for refund of any nonrefundable deposit should my student cancel participation in this field trip unless the field trip venue also refunds the district.**

*I certify that I am 18 years of age or older, that I have read and understand the foregoing, and accept and agree to be bound by the terms and conditions of the above.*

\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

## Field Trip Description and Itinerary Form

Who: *(Group/class)*

Field Trip Planners

What: *(Event/trip)*

Example Field Trip

When: *(Departure date/return date)*

5/16/2025

Where: *(Name/address of destination/lodging)*

Everett High School

Why: *(Purpose/goals/objectives)*

Provide an example of what a complete field trip form looks like.

Cost:

\$20 to cover event registration

Transportation:

District Bus

What to wear: *(Clothing requirements)*

No specific clothing requirements

What to bring: *(Include special equipment or supplies)*

Notebook and pen/pencil

Food: *(Meal plan/arrangements)*

Lunch provided by event

Potential hazards/special requirements:

No specific hazards relating to this trip

Coordinating staff member(s) contact phone:

Holli Miller 425-385-6041



## Field Trip Category 2 and 3 Overnight, Out-of-State and International Travel Report

This form must be submitted for all overnight, out-of-state, and international field trips. For overnight trips, submit this form to the regional superintendent's office at least thirty-five (35) school days prior to the trip. Out-of-state travel (including Victoria and Vancouver BC area) requires prior approval of the superintendent. Submit this form to the regional superintendent's office (to be provided to the superintendent) at least forty-five (45) school days prior to the trip. International travel requires school board approval. This form must be submitted to the regional superintendent's office at least one-year prior. In all cases, complete the Required Supplementary Information form to explain special events; fundraising activities; meal and lodging provision; any benefits to adult supervisors beyond transportation, lodging, and meals; and other pertinent information including lodging and emergency contact numbers for staff members.

### SEND COMPLETED FORMS TO THE APPROPRIATE REGIONAL SUPERINTENDENT'S OFFICE

<u>Cascade High School</u>	<u>05/16/25</u>	<u>Holli Miller</u>
School	Trip dates	Staff member in charge
<u>Example Field Trip</u>		<u>Everett High School</u>
Trip name		Destination
<u>26</u>	<u>2</u>	<u>2</u>
Number of students	Number of adult supervisors	Teachers
		<u>0</u>
		Parents/guardians

### FINANCIAL PLAN

Detailed budget attached     Budget below (complete only if detailed budget is not attached)

EXPENSES	TOTAL COST # of participants x \$ per participant = Total Cost (e.g., 13 x \$5 = \$65)	TOTAL COST TO BE PAID FROM:				TOTAL	COMMENTS
		ASB Fund	General Fund	Other Fund	Individual Students		
Student transportation	<u>26</u> x \$ _____ = _____		X			TBD	
Student lodging	_____ x \$ _____ = _____						
Student meals	<u>26</u> x \$ <u>0</u> = \$0						provided by event
Student other (Registration, etc.)	<u>26</u> x \$ <u>20</u> = \$520				X	\$520	cost to participate in event
Staff transportation	<u>2</u> x \$ _____ = _____		X			TBD	
Staff per diem lodging	_____ x \$ _____ = _____						
Staff per diem meals	<u>2</u> x \$ <u>0</u> = 0						provided by event
Staff other (Registration, etc.)	<u>2</u> x \$ <u>0</u> = 0						No registration fee for staff
Release time substitutes	<u>2</u> x \$ _____ = _____		X			TBD	
<b>TOTAL</b>						~\$520	+ Transportation & Subs

**No funds that have been or are to be deposited with the district can be committed until all needed approval has been obtained.**

**APPROVAL(S): The building administrator of each participating school must sign.  
STEM/CTE budget requires prior approval. Please contact that office for budget code.**

**Reviewed by:**

<b>Building Administrator</b>	<b>Date</b>	<b>ASB Student Representative</b>	<b>Date</b>
<b>STEM/CTE Budget Authority</b>	<b>Date</b>	<b>ASB Advisor</b>	<b>Date</b>
<b>Non School Budget Authority</b>	<b>Date</b>	<b>ASB Treasurer</b>	<b>Date</b>

**Field Trip Category 2 and 3  
Overnight, Out-of-State and International Travel Report  
Required Supplementary Information**

This form must be submitted for all overnight, out-of-state, and international field trips.

<p><b><u>Field Trip Description and Itinerary</u></b></p> <p>Along with the Informed Consent Notice and the Assumption of Risk for Overnight Field Trips form, parents/guardians must be provided with a completed field trip description and itinerary form.</p>					
<p><b><u>Special Events</u></b> (parades, concerts, etc.)</p>  					
<p><b><u>Fundraising Activities</u></b> (If none, please indicate that no student will be denied participation due to lack of funds.)</p>  					
<p><b><u>Lodging and Meal Provisions</u></b></p>  					
<p><b><u>Benefits to Adult Supervisors beyond Transportation, Lodging and Meals</u></b></p>  					
<p><b><u>Other Pertinent Information</u></b> (Include all telephone numbers at which you can be reached during the trip. This is especially important for overnight trips.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p><b>Lodging information:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>                  _____</p> <p>Phone: _____</p> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p><b>Additional information (if any):</b></p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <p><b>Emergency phone number of coordinating staff member(s):</b></p> <p>Name: _____ Phone: _____</p> <p>Name: _____ Phone: _____</p> <p>Name: _____ Phone: _____</p> </td> </tr> </table>		<p><b>Lodging information:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>                  _____</p> <p>Phone: _____</p>	<p><b>Additional information (if any):</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Emergency phone number of coordinating staff member(s):</b></p> <p>Name: _____ Phone: _____</p> <p>Name: _____ Phone: _____</p> <p>Name: _____ Phone: _____</p>	
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