Distribution:
- ❑ Health Room
- ❑ School Kitchen Manager

Field Trip Request

Trip Details

School: _____ Trip date(s): _____

Trip name: _____ (Add trip code if not using Durham buses)

Trip type: ❑ ASB ❑ ATH ❑ FT

Activity type: ❑ Category 1 ❑ Category 2 (Out-of-state requires prior approval of the superintendent) ❑ Category 3 (Requires school board approval)

Reason for trip: _____

Account/Budget: _____

Requester: _____

PO number: _____

Origin: _____ ❑ One-Way Trip

Departure date: _____ Arrive at school: _____ ❑ AM ❑ PM

Depart from school: _____ ❑ AM ❑ PM

Return date: _____ Return to school: _____ ❑ AM ❑ PM

Destination: _____

Arrival date: _____ Arrive at destination: _____ ❑ AM ❑ PM

Departure date: _____ Depart from destination: _____ ❑ AM ❑ PM

Return to school: _____ ❑ AM ❑ PM

Additional destinations: _____

❑ District bus ❑ District vehicle (T2) (List driver names in notes) ❑ Commercial transportation (Example: Airline; shuttle) ❑ Charter bus* (CH) _____ Requires prior approval (Charter company name)

❑ No district transportation provided (NT) ❑ Operation School Bell (OSB) ❑ Other: _____

Number of:	Adults	Students	Wheelchairs	Vehicles	Special accommodations (list below or in notes)
				1*	

Contact name: _____ (Trip coordinating staff member) Contact phone: _____

Notes:

Bus with storage required: ❑ Yes ❑ No

Substitute Request

Employee name	Substitute name	Start date	End date	Time needed
				❑ Full ❑ AM ❑ PM
				❑ Full ❑ AM ❑ PM
				❑ Full ❑ AM ❑ 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.

Revised: August 2018
Updated: August 2022

Field Trip Informed Consent Notice
Adult Supervisor

Trip name _____ Trip date(s) _____ Adult supervisor name _____

Reason for trip: _____

Trip coordinating staff: _____

Coordinating staff member signature _____ Date _____ Building administrator signature _____ Date _____

Destination: _____ Name of lodging: _____

Lodging address: _____ Lodging phone: _____

Origin: _____ Destination: _____ Number of:

Departure date: _____ Arrival date: _____ Adults: _____

Departure time: _____ ❑ AM ❑ PM Arrival time: _____ ❑ AM ❑ PM Students: _____

Return date: _____ Departure date: _____ A completed field trip description and itinerary form MUST be provided.

Return time: _____ ❑ AM ❑ PM Departure time: _____ ❑ AM ❑ PM

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 _____ before (date) _____ and keep any attachment for your information.

Revised: August 2018
Updated: August 2022

Field Trip Student Informed Consent Notice

Trip name _____ Trip date(s) _____ Student name _____

Reason for trip: _____

Trip coordinating staff: _____

Coordinating staff member signature _____ Date _____ Building administrator signature _____ Date _____

Destination: _____ Place of lodging: _____

Lodging address: _____ Lodging phone: _____

Origin: _____ Destination: _____ Number of:

Departure date: _____ Arrival date: _____ Adults: _____

Departure time: _____ ❑ AM ❑ PM Arrival time: _____ ❑ AM ❑ PM Students: _____

Return date: _____ Departure date: _____ A completed field trip description and itinerary form MUST be provided.

Return time: _____ ❑ AM ❑ PM Departure time: _____ ❑ AM ❑ PM

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 _____ before (date) _____ and keep any attachment for your information.

Revised: August 2018
Revised: November 2019
Updated: August 2022

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 _____ ("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

Adopted: August 2022

Field Trip Description and Itinerary Form

Who: *(Group/class)*

What: *(Event/trip)*

When: *(Departure date/return date)*

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

Why: *(Purpose/goals/objectives)*

Cost:

Transportation:

What to wear: *(Clothing requirements)*

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

Food: *(Meal plan/arrangements)*

Potential hazards/special requirements:

Coordinating staff member(s) contact phone:

Itinerary *(include details/major events/planned stops)*

Day	**Date**
Est. times	*Activities*
Day	**Date**
Day	**Date**

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

School _____ Trip dates _____ Staff member in charge _____

Trip name _____ Destination _____

Number of students _____ Number of adult supervisors _____ Teachers _____ 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	____ x $ ____ = ____						
Student lodging	____ x $ ____ = ____						
Student meals	____ x $ ____ = ____						
Student other (Registration, etc.)	____ x $ ____ = ____						
Staff transportation	____ x $ ____ = ____						
Staff per diem lodging	____ x $ ____ = ____						
Staff per diem meals	____ x $ ____ = ____						
Staff other (Registration, etc.)	____ x $ ____ = ____						
Release time substitutes	____ x $ ____ = ____						
TOTAL							

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:

Building Administrator _____ **Date** _____ **ASB Student Representative** _____ **Date** _____

STEM/CTE Budget Authority _____ **Date** _____ **ASB Advisor** _____ **Date** _____

Non School Budget Authority _____ **Date** _____ **ASB Treasurer** _____ **Date** _____

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.

Field Trip Description and Itinerary

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.

Special Events (parades, concerts, etc.)

Fundraising Activities (If none, please indicate that no student will be denied participation due to lack of funds.)

Lodging and Meal Provisions

Benefits to Adult Supervisors beyond Transportation, Lodging and Meals

Other Pertinent Information (Include all telephone numbers at which you can be reached during the trip. This is especially important for overnight trips.)

Lodging information:

Name: _____

Address: _____

_____

Phone: _____

Additional information (if any):

_____

_____

_____

_____

Emergency phone number of coordinating staff member(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Revised: August 2018
Revised: August 2022
Revised: November 2023