

Field Trip Request

Trip Details

Distribution:

- ☐ Health Room
☐ School Kitchen Manager

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 <u>2</u>	Students <u>26</u>	Wheelchairs Vehicles <u>1*</u> Special accommodations (list below or in notes)
Contact name: <u>Holli Miller</u> (Trip coordinating staff member)		Contact phone: <u>425-385-6041</u>	
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		_____ Transportation Supervisor		
_____ Date		_____ 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

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

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

Return time: 1:45 ☐ AM ☒ PM

Departure time: 1:30 ☐ 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 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 description and itinerary form MUST be provided.

Return time: 1:45 ☐ AM ☐ PM

Departure time: 1:30 ☐ 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 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_____
DateAdopted: August 2022

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

[illegible]

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

Cascade High School	05/16/25	Holli Miller
School	Trip dates	Staff member in charge
Example Field Trip		Everett High School
Trip name		Destination
26	2	2
Number of students	Number of adult supervisors	Teachers
		0
		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	26 x \$ _____ = _____		X			TBD	
Student lodging	_____ x \$ _____ = _____						
Student meals	26 x \$ 0 = \$0						provided by event
Student other (Registration, etc.)	26 x \$ 20 = \$520				X	\$520	cost to participate in event
Staff transportation	2 x \$ _____ = _____		X			TBD	
Staff per diem lodging	_____ x \$ _____ = _____						
Staff per diem meals	2 x \$ 0 = 0						provided by event
Staff other (Registration, etc.)	2 x \$ 0 = 0						No registration fee for staff
Release time substitutes	2 x \$ _____ = _____		X			TBD	
TOTAL						~\$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:

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:
Additional information (if any):

Name: _____

Address: _____

Phone: _____

Emergency phone number of coordinating staff member(s):

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____