ENFIELD PUBLIC SCHOOLS

ENFIELD, CONNECTICUT

 **Administrative**

 **Regulation 6153**

**EDUCATIONAL TRIPS:**

Class trips of significant educational value which are correlated to the goals set forth in our Philosophy of Education are to be encouraged.

The schools are sometimes handicapped in meeting many objectives of education because of the limitations placed on the school environment. Some of these limitations may be removed by extending and supplementing classroom experiences through educational trips.

Teachers are encouraged to take educational trips with their classes during the school year. These trips must have clearly defined educational objectives which correlate to or compliment the instructional objectives of the particular group planning the trip.

**THE FOLLOWING PROCEDURES ARE TO BE FOLLOWED FOR ALL EDUCATIONAL TRIPS:**

PLANNING THE TRIP

1. All educational trips are to be carefully planned and the appropriate checklist (Elementary Educational Day Trip/Elementary Overnight Educational Trip checklist(s), Secondary Educational Day Trip/Secondary Overnight Educational Trip checklists(s) used as a guide.

1. A minimum notice of three weeks (day trips) and eight weeks (overnight trips) must be given to the elementary principal or appropriate building administrator at the secondary level of any trips being planned so that all necessary details may be completed. This notice must be written on the form “Notice of Educational Trip” which is obtained from the elementary principal or appropriate building administrator at the secondary level.
2. The following forms must be obtained from the elementary principal or appropriate building administrator at the secondary level and distributed to their students:
3. “Educational Trip Parent Permission Slip”
4. “Day and/or Overnight Educational Trip Parent/Guardian Consent and Waiver”
5. Student Medical Update (overnight only)

These forms must be signed by the parents/guardians and returned to the teacher prior to the trip.

4. Due to the increasing number of students with significant medical problems and/or disabilities, the teacher must have a discussion with the nurse to determine the medical needs of students on the trip.

5. Teachers are to have chaperones for their trips. At the secondary level at least one per bus is required. At the elementary level, one chaperone for each 10 students is suggested.

1. Teachers are urged to take trips in the Spring and Fall of the year because of weather conditions.

7. Students who do not take the educational trips with their classmates must have coverage arranged for by the teacher in charge of the trip.

1. Allnecessary forms for each educational trip will be completed/compiled by the teacher and submitted to the elementary principal or appropriate building administrator at the secondary level. The required forms are:

##### A. For all educational trips (Day or Overnight):

##### Notice of Educational Trip

* + - Educational Trip Parent Permission Slip
		- Enfield Public Schools Transportation Request
		- Educational Trip – List of Participating Students
		- Day and/or Overnight Educational Trip Parent/Guardian Consent & Waiver. The Consent and Waiver Form should be completed only when traveling to major metropolitan areas (Boston, New York City, Washington D.C., etc.), out of the USA, or when traveling by air or public transportation, for example – metropolitan mass transit systems. This form should not be used for one-day local field trips, i.e. Springfield, Massachusetts; Hartford, Connecticut; or in-State trips.

###### B. Additional forms for overnight educational trips only:

Approval of Overnight Educational Trip

Student Medical Update

Daily Itinerary for Overnight Educational Trip

* + - International Travel Package Application (as appropriate)

C. **Bus transportation requests** are approved by the elementary principal or appropriate building administrator at the secondary level and forwarded to the bus company.

9. All payments for busses used for educational trips will be made by the elementary principal or appropriate building administrator at the secondary level or designee.

10. A list of students going on the trip must be submitted to the elementary principal or appropriate building administrator at the secondary level prior to the trip.

11. Monies collected by the teacher to pay for the cost of the trip must be submitted to the elementary principal or appropriate building administrator at the secondary level prior to the trip.

 12. The teacher and the class should discuss the following aspects of the trip:

 A. Discussion of why the trip is being taken.

 B. Specific points of interest at the place to be visited.

 C. Specific questions which should be asked at the place being visited.

 D. Discussion of standards of courtesy, safety and behavior.

13. It is suggested that a camera be taken so that pictures of the trip can be used for follow-up activities.

14. Slides from previous trips may be used to prepare children for the on-coming visitation.

**DURING THE TRIP:**

1. The teacher is responsible for the behavior of the students on the trip.
2. The teacher shall conduct the trip so that the students will gain maximum benefit from it.

3. The teacher is responsible for obtaining from the nurse and administering medications to students. This is also applicable to trips within town and the Enfield Public School System.

**AFTER THE TRIP:**

1. The teacher and class will evaluate each trip in the light of why it was originally planned.

2. Students should remember to write letters of appreciation to the persons who made the trip possible.

3. News releases before and after such trips are highly recommended and should be encouraged.

**LIMITATIONS:**

1. Overnight trips must have the authorization of the Superintendent of Schools and the Board of Education.

2. Overnight educational trips are subject to be cancelled by the Superintendent or his/her designee if the terrorist alert changes to red or orange.

September 9, 1975

Revised: July 10, 1980

 January 3, 1985

 May 4, 1994

 July 13, 2005

 November 1, 2005

 October 27, 2006

 September 24, 2009

NOTICE OF EDUCATIONAL TRIP

This form must be completed and submitted to the elementary principal or appropriate secondary building administrator for approval at least 3 weeks (day trip) and 8 weeks (overnight trip) prior to the trip.

Teacher Subject

Period(s) Grade Level(s)

Destination Emergency Phone Number(s)

 If seeing a film – film rating Parent Permission required? \_\_\_\_Yes \_\_\_\_\_No

Date of Trip

Time of Departure Time of Return Number of Chaperones\_\_\_\_\_\_

Method of Transportation If by bus, what company? Cost

Number of Students\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Cost of Trip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Pupil Cost\_\_\_\_\_\_\_\_\_\_\_

 *\*Trip must be self-supporting. School does not subsidize cost.*

Trip Goals

How is this trip related to your subject area?

What pre-trip activities, preparations, or orientations have been made for correlation of this educational trip to your subject area?

What follow-up activities are planned?

Teacher's Signature Date

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*Office Use Only*

\_\_\_\_\_\_ Trip entered on building master calendar

\_\_\_\_\_\_ Trip Approved

\_\_\_\_\_\_ Trip Denied

\_\_\_\_\_\_ Please supply additional information Department Chairperson Signature

 resubmit Notice of Educational Trip form

 Elementary Principal or Appropriate Secondary Building Administrator

Rev. 09/08/05

 10/27/06

#### **ENFIELD PUBLIC SCHOOLS**

**ENFIELD, CONNECTICUT**

# **APPROVAL OF OVERNIGHT EDUCATIONAL TRIP**

## **Teacher(s)/Club/Organization** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Destination of trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Number of students *(Attach list of student’s names, I.D.#, H.R.#, & emergency phone #)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Method of conveyance (auto, bus, air): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If by bus or plane, what company or airline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Alternate transportation contingency plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. TotalCost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost per pupil:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Educational purpose of trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Complete attached detailed daily itinerary which includes: (accommodations, phone number of hotel, daily activities, evening activities, curfew, chaperone names and responsibilities, security arrangements)

Check if complete \_\_\_\_\_

1. In route communication phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### APPROVALS

##### Athletic Director or

**Department Chair:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature Date**

**Elementary Principal or:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Building Administrator Signature Date**

 **Superintendent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature Date**

**Rev. 07/13/05**

 **10/27/06**

# **DAILY ITINERARY FOR OVERNIGHT EDUCATIONAL TRIPS**

Name and address of Accommodations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number of Accommodations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Chaperones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Responsibilities of Chaperones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Provisions for night supervision (curfew):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provisions for security arrangements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provisions for free time activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities – Day 1 Activities – Day 2 Activities – Day 3

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Activities – Day 4 Activities – Day 5 Activities – Day 6

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**Rev. 07/13/05**

EDUCATIONAL TRIP PARENT PERMISSION SLIP

Dear Parent/Guardian:

Your signature below indicates your understanding of the following factors covering educational trips:

* Parents must notify the Elementary Principal/Secondary Building Administrator or teacher on this form of their child’s special health problems.
* If photographs are taken at this event, your signature below is your consent to have your child photographed.
* In an emergency, the Elementary Principal/Secondary Building Administrator or teacher is authorized to acquire transportation to an emergency facility and to authorize appropriate treatment recommended by the attending physician.
* Bus seats are assigned on a first-come, first-served basis after both fees and the signed permission slip with emergency phone numbers are received.
* Parents will make arrangements to pick up their child within ½ hour of the projected arrival time *if arrival time is after regular dismissal hours.* The school cannot provide supervision beyond that time. Failure to meet this requirement will result in the student not participating in any future field trips.

EDUCATIONAL TRIP

Teacher Grade

1. Destination of Trip Cost

2. Date of Trip Time

1. Method of Conveyance (foot, automobile, bus)
2. Names of Chaperones
3. Education Purpose of Trip

*RETURN BOTTOM SECTION ONLY - KEEP TOP SECTION FOR YOUR RECORDS*

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 Date

Name I.D.# H.R.#

Has my permission to participate in an Educational Field Trip on ,to \_\_\_

 (Date) (Destination)

 \_\_\_\_\_\_\_\_\_\_\_\_\_as described above. I understand that in the event of cancellation due to weather or other safety concerns, a refund may not be possible.

 (Print Parent/Guardian Name) (Parent Guardian Signature)

EMERGENCY CONTACT NUMBERS:

Telephone Number of Parent/Guardian during the time of the Field Trip

Work Number Cell Number

Alternate Emergency Contact – Name Telephone

Work Number Cell Number

Special Health Problems

# Rev. 07/13/05, 10/27/06, 10/5/07

**DAY and/or OVERNIGHT EDUCATIONAL TRIP**

**PARENT/GUARDIAN CONSENT AND WAIVER FORM**

STUDENT NAME:

**EDUCATIONAL TRIP DESTINATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF EDUCATIONAL TRIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CONSENT AND WAIVER

I recognize that there are real and inherent dangers in travelling significant distances, by air, bus or train, particularly at this time. I fully understand and accept that my child, the above-named student, may be subject to these dangers while travelling to and from the destination of the field trip described above, and while participating in the trip at that destination, and that his or her death or serious bodily injury may result. Despite these dangers, I hereby request that the above-named student be allowed to participate in the trip planned and all trip-related activities. I specifically consent to his/her participation, and waive claims against the Enfield Board of Education, its employees, agents and assigns for injury, including but not limited to death and serious bodily injury, that may result from any actions of any party who is not either employed by the Enfield Public Schools or within the direct control of the Enfield Public Schools.

I also understand that this trip **will be** cancelled if we are placed in a Code Red alert and that it **may be** cancelled if the administration feels conditions under a Code Orange merit cancellation. I also understand that I will lose any/all fees paid towards the cost of the trip if the trip is cancelled. The school **is not** responsible for the cost and **any/all** exposure to loss related to this trip is mine.

In addition, if the above-named student requires any emergency medical procedures or treatments during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatments in his/her discretion.

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev. 07/13/05

EDUCATIONAL TRIP – LIST OF PARTICIPATING STUDENTS

## **Teacher** **Date**

**Destination**

**Departure Date/Time Return Date/Time**

# **PLEASE LIST NAMES ALPHABETICALLY**

# **Student’s Name I.D.# H.R.# Emergency Phone #**

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Note:*** *Put* ***\**** *next to student names with health concerns.*

### Rev. 07/13/05

**ENFIELD PUBLIC SCHOOLS TRANSPORATATION REQUEST FORM**

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| **SECTION COMPLETED BY SCHOOL ADVISOR/TEACHER**SCHOOL: **ENFIELD HIGH SCHOOL** TRIP DATE/DAY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DESTINATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TIME OF DEPARTURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TIME BACK AT SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#PASSENGERS\_\_\_\_\_\_\_\_\_\_\_\_ #BUSES\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (WHEELCHAIR: \_\_\_\_\_\_\_\_\_\_\_)REQUESTED BY/DEPARTMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NOTES:APPROVED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX NO TO SEND CONFIRMATION: |

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| **SECTION COMPLETED BY BUS DRIVER**DRIVER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BUS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TIME DEPART GARAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ MILEAGE START: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TIME DEPART SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TIME RETURN SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TIME END AT GARAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ MILEAGE END: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADVISOR SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION COMPLETED BY SMYTH BUS**ESTIMATED HOURS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FUEL CHARGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COST PER BUS \_\_\_\_\_\_\_\_\_\_\_\_\_\_EACH TRIP TOTAL = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ACTUAL BILLING HOURS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NOTES: |

**EDUCATION FIELD TRIP PROCEDURE**

**ENFIELD PUBLIC SCHOOLS**

TRIP REQUEST PROCEDURES

TEACHER/ADVISOR TO FILL OUT TOP SECTION ONLY OF REQUEST FORM FOR APPROVAL. SCHOOL OFFICE WILL FAX TO SMYTH BUS FOR AVAILABILITY, PRICE & CONFIRMATION. BUS CO WILL FAX BACK. ADVISOR TO CALL BUS COMPANY DAY PRIOR TO CONFIRM.

ADVISOR WILL COMPLETE PAYMENT TRIP FORM ATTACHED WITH INSTRUCTIONS.

PLEASE READ INFORMATION BEFORE COMPLETING TRIP REQUEST FORM:

1. BUS AVAILABILITY NEEDS TO BE ARRANGED PRIOR TO BOOKING WITH FACILITY.
2. BUSES MUST BE BOARDED TIMELY FOR ARRIVAL AND DEPARTURES TO COINCIDE WITH BUSES FOR RETURNING TIMELY FOR SCHOOL DISMISSALS. CHANGES CANNOT BE MADE ONCE THE TRIP HAS BEGUN.
3. ALL TRIPS REQUIRE TEACHER/CHAPERONE ON BUS TRIPS. ADVISOR IS RESPONSIBLE FOR STUDENT ACCOUNTABILITY AND SUPERVISION & BELONGINGS.
4. ANY DROP OFF & PICKUP TRIPS OR SHUTTLES MUST BE NOTED. AN IN-TOWN SHUTTLE IS A MINIMUM OF 1 HOUR FEE EACH WAY.
5. ESTIMATED PRICE INCLUDES TOLLS, HOWEVER ADDITIONAL FEES WILL BE ADDED FOR PARKING AND OVERTIME CHARGES.
6. TRIPS NOT CANCELLED 24 HOURS PRIOR ARE SUBJECT TO $65.00 CANCELLATION FEE.
7. IN THE EVENT OF SCHOOL DELAYS OR SNOW CANCELLATIONS, TRIPS ARE POSTPONED AND ADVISOR TO CALL BUS COMPANY IN AM TO CONFIRM STATUS AND RESCHEDULE, POSTPONE OR CANCEL.
8. TRIP REQUESTS FOR WEEKENDS OR NON SCHOOL DAYS ARE BILLED AT A 2 HOUR MINIMUM EACH WAY. TEACHER SHOULD PROVIDE CONTACT PHONE NUMBER FOR TRIPS SCHEDULED ON NON SCHOOL CALENDAR TIMES.
9. SMYTH BUS IS NOT RESPONSIBLE FOR LOST, STOLEN, OR DAMAGED ITEMS. THE GROUP WILL BE RESPONSIBLE FOR ANY PASSENGER VANDALISM TO VEHICLE.
10. DRIVERS MUST ADHERE TO ALL IDLING LAWS WHICH APPLY TO TRIPS ALSO.
11. SPECIAL ARRANGEMENTS MUST BE MADE AND PRICED FOR TRIPS THAT ARE OUTSIDE CT AND MA AND/OR INCLUDED OVERNIGHT REQUIREMENTS.
12. ANY TRIPS THAT ARE NOT BILLED OR AFFILIATED WITH BOARD OF EDUCATION ARE SUBJECT TO APPROVAL AND NON-CONTRACT PRICING.
13. NOTE ANY SPECIAL PICK UP AREAS AT SCHOOL OTHER THAN MAIN ENTRANCE.
14. SPORT TRIPS BOOKINGS ARE MADE THROUGH THE ATHLETIC DEPARTMENT WITH TRADITIONAL FORMS. WHEN PLAY-OFF GAMES ARE BASED ON THE RESULT OF THE EVENING PRIOR EVENT, THE BUS COMPANY NEEDS PENDING INFORMATION PRIOR.
15. SMYTH BUS CANNOT ACCOMMODATE REQUESTS FOR SPECIFIC DRIVERS. DRIVERS ARE REGULATED FOR TRIPS BASED ON COMPANY DISTRIBUTION, QUALIFICATION AND WORKLOAD SCHEDULES.
16. IN THE EVENT YOU HAVE ANY PROBLEM OR SUGGESTIONS CONCERNING YOUR TRIP PRIOR OR AFTER THE EVENT, PLEASE CONTACT THE BUS COMPANY FOR ASSISTANCE.

Overnight Educational Trip

**SECONDARY STUDENT MEDICAL UPDATE**

**SCHOOL**: ENFIELD HIGH SCHOOL **TRIP**

Dear Parent/Guardian:

It is essential that we have the following information. Please complete and return to your child’s school.

**STUDENT’S NAME** **DATE of BIRTH**

ADDRESS Phone

Family Physician Phone

Specialist Physician Phone

Student lives with: Both parents Mother Father Other

Father’s Name Home No. Work No.

 Cell No.

Mother’s Name Home No. Work No.

 Cell No.

Guardian’s Name Home No. Work No.

 Cell No.

1. Emergency names and phones numbers to be used only when a parent cannot be reached

 Home No. Work No.

 Cell No.

 Home No. Work No.

 Cell No.

1. Has your child had any illness, injury, or operations during the past year? Specify (with dates).

3. Does your child have any allergies? Please list them:

4. Does your child have **BEE STING ALLERGY**?

 Does your child have **ASTHMA**?

 Does your child have **FOOD/NUT ALLERGY**?

 Is he/she taking oral or injectable medication for this?

 What first aid treatment is advised?

 Is your child being desensitized at present?

5. Does your child take any other medications on a regular basis? *(see back of page for further instructions)*

 Please specify:

1. Are there any other health problems not already listed that the teacher should be aware of?

 a. Dietary Restrictions

####  Signature of Parent or Guardian Date

##### Rev. 04/02/09 Over

# **MEDICATIONS**

**Students may not carry any medications on their person while on the overnight educational trip.** This includes prescription medications only taken at home, over the counter medications, holistic herbs, dietary supplements and vitamins. The exception to this would be asthma inhalers, epi-pens and insulin pumps. Students may self-administer these three medications *providing the proper forms are filled out*.

Any student requiring medications during the trip should obtain the correct forms from the nurse’s office. Medications and forms must be in the nurse’s office 1 week prior to the trip.

While on the trip, the teacher will be able to dispense Tylenol (acetaminophen or equivalent) or Advil (ibuprofen or equivalent) to students who request it. The teacher will carry a bottle of each medication with them. *If you would like for your child to receive this medication, please circle whether they should have Tylenol or Advil and sign below.*

As parent/guardian of I **give permission** to to give a standard dose of Tylenol (acetaminophen or equivalent) or Advil (ibuprofen or equivalent) to my child while he/she is on the overnight educational trip. My child’s current weight is and their age is .

Parent Signature Date

As parent/guardian of I **do not give** permission for my child to receive a standard dose of Tylenol (acetaminophen or equivalent) or Advil (ibuprofen or equivalent) while he/she is on the overnight educational trip.

Parent Signature Date

**MEDICAL EMERGENCY**

As parent/guardian of I **give permission** to to seek and obtain emergency medical treatment for my child while he/she is on the overnight educational trip.

Parent Signature Date

Medical Insurance Carrier

Group Number

**Please provide a photocopy of your insurance card.**

### STUDENT CONTRACT

As the parent/guardian, I fully understand that the overnight educational trip has been approved by the Enfield Public Schools administration and that students will be under the jurisdiction of the rules and regulations set forth in the Student/Parent Handbook.

In the event that the student violates these rules or regulations, the teachers in charge will attempt to notify the parent(s) or guardian(s) and will subsequently notify the school administration about the violation. Upon parental contact for a major violation, parents will be expected to provide immediate transportation back home at their own expense. Arrangements for said transportation will be made at the time of parental contact. I have read and hereby agree to all the terms stated above.

Student Signature Date

I have read and hereby agree to all the terms stated above, and I assume all responsibilities for the actions of my son/daughter.

Parent Signature Date

Parent Printed Name

**Revised: 04/02/2009**

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| **CIRMA** | Connecticut**Interlocal****Risk****Management****Agency** | INTERNATIONAL TRAVELPACKAGE APPLICATION | Colleen WhiteFAX 203-773-9961 |

**BOE**

**Contact**

**Telephone**

**Fax**

**Address**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Destination (s) |  |
| **Purpose of trip**:  |  |
| **Itinerary:** Include approximate travel dates: |
| **\* Number of Employee travel weeks** |  |
| **\*\* Number of Other travel weeks** |  |
| **\* Total number of travel weeks** |  |
| Number of travel weeks |  |

\*\*Please specify: (i.e. students, chaperones, volunteers, spouse, children, etc.) Please attach schedule of individuals to be covered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **\* One week equals up to and including Seven (7) Days, i.e.: 7 days=1 week; 4 days=1 week, 8 days=2 weeks**Two employees each on a trip of 10 days duration – 4 weeks |

The undersigned applicant declares that to the best of his knowledge the statements set forth in this questionnaire are true and no other material information has been withheld. The undersigned also agrees that the existence of any policy that may be issued will not be disclosed to the host government. Signing of this questionnaire does not bind the undersigned to complete the insurance, but it is agreed that this form shall be the basis of insurance should a policy be issued, and this form will be attached to and form a part of the policy.

Signed for Town/BOE Title Date

CIRMA/Contact Title Date

SECONDARY EDUCATIONAL DAY TRIP CHECK LIST

1. **At least 3 weeks prior to the educational trip,** the teacher will complete the Notice of Educational Trip form and submit it to the appropriate building administrator**.**

2. **Upon approval** of the educational trip, the teacher will:

A. Notify the appropriate building administrator’s secretary of the educational trip so that it may be entered on the event board.

B. Notify the nurse of the educational trip so that arrangements for special needs students can be made.

C. Fill out Enfield Public Schools Transportation Request Form and fax to the bus company.

D. Complete the top portion of the Educational Trip Parent Permission Slip and duplicate copies for students.

3. **At least** **7 school days prior** to the educational trip:

A. The teacher should give the nurse a list of students going on the trip and arrange a meeting with the nurse to review student medical problems and medications. **After the meeting, the nurse will sign/date this form and send a copy to the Nursing Supervisor.**

B. Notify the cafeteria supervisor of the number of students attending the field trip.

C. Confirm availability of busses for planned field trip.

4. **At least 3 school days prior** to the educational trip:

A. Submit to the appropriate building administrator an alphabetical list of students **including class and I.D. #s and emergency contact phone numbers.**

B. Distribute an alphabetical list of students **including class and I.D. #s** to the staff including the appropriate building administrator’s secretary. (Use Educational Trip – List of Participating Students form – omit phone numbers.)

C. Make arrangements for those students not going on the field trip and leave plans for them on the morning of the trip.

5. Day prior to educational trip Advisor/Teacher to call bus company to confirm busses.

1. **Before leaving** for the educational trip, the teacher must:

A. Have all signed permission slips with you.

B. Notify appropriate building administrator’s office of*any additional students who have been added since notifying the staff* that are now going on the educational trip.

 C. Notify the MAIN OFFICE of any students who are *not present* for the educational trip prior to leaving.

7. Secondary Educational Trip Check List has been completed.

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Teacher Signature Date

7/13/05

Revised: 10/19/06, 10/27/06, 10/5/07, 9/24/09

# SECONDARY OVERNIGHT FIELD TRIP CHECK LIST

1. **No less than 8 weeks prior to the trip,** the teacher completes the Approval of Overnight Educational Trip Form and submits it to the appropriate building administrator.The building administrator will submit the form to the Superintendent for his signature.
2. **Upon approval** of the educational trip, the teacher will:

 A. Fill out Enfield Public Schools Transportation Request Form and fax to the bus company.

 B. Notify the nurse of the educational trip so that arrangements for special needs students can be made.

 C. \_\_\_\_\_\_\_\_ Complete the top portion of the Educational Trip Parent Permission Slip and duplicate copies for students.

 D. Notify the appropriate building administrator’s secretary of the trip so that it may be entered on the event board.

1. **At least 4 (four) weeks prior to the trip:**

 A. The teacher should have a meeting with the school nurse to review student medical problems and medications. **After the meeting, the nurse will sign/date this form and send a copy to the Nursing Supervisor.**

4. **At least 2 (two) weeks prior to the trip**:

 A. The teacher should have a meeting with the students and the school nurse to review medication procedures for the trip.

5. **At least one week prior to the educational trip:**

 A. Notify the cafeteria supervisor of the number of students attending the educational trip.

 B. Confirm availability of busses for planned field trip.

6. **At least 3 school days prior to the trip:**

 A. Submit to the appropriate building administrator in charge of educational trips an alphabetical list of students including homeroom and I.D. #s, and emergency contact phone numbers (use Educational Trips – List of Participating Students form).

 B. Distribute an alphabetical list of students (use Educational Trip – List of Participating Students form - omit phone numbers), including homeroom and I.D. #s, to the staff.

 C. Make arrangements for those students not going on the trip and leave plans for them on the morning of the trip.

7. Day prior to educational trip Advisor/Teacher to call bus company to confirm busses.

8. **Before leaving for the trip**, teacher must

 A. Have all signed parental permission/medical slips.

 B. Notify the office of any students who are not present for the trip prior to leaving.

9. Secondary Overnight Educational Trip Check List has been completed.

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 Teacher Signature Date

Rev. 07/13/05, 10/19/06, 10/27/06, 10/5/07, 9/24/09