TYPE I FIELD TRIP

DEFINITION, PLANNING AND PROCEDURES

Type I Field Trip Definition

Type I field trips are trips for which general approval is given by the parent/guardian, on the appropriate form, to cover all such trips during the year and which include all walking field trips of one mile or less excluding trips across established hazardous crossings, swimming and/or trips near water. Examples: visits to local grocery store, local library, local fire station and community walking trips, etc.

Note: When in doubt if a field trip is Type I or Type II, error on the side of safety and use Type II field trip process.

Type I Field Trip Planning and Procedures

1. At the time of enrollment each year or semester, as appropriate, the school or teacher obtains a completed Parent/Guardian Approval Form for each student. The PARENTAL/GUARDIAN AUTHORIZATION Form provides space for parents to note special health needs and other parental concerns. VERBAL AUTHORIZATION WILL NOT BE ACCEPTED FOR APPROVAL.

2. If special health problems are noted, the Parent/Guardian Authorization Form is routed to the nurse. The nurse will compile a list of students having special problems and the appropriate medical response. In some cases, it may be appropriate for the nurse to accompany the field trip.

3. Staff person completes the REQUEST TO PRINCIPAL FIELD TRIP Form and indicates that the proposed trip is covered by the Parent/Guardian Authorization Form, and submits the completed Request To Principal Field Trip Form to the principal or the administrative designee.

4. It is good practice to send a note home to the parents/guardians before the trip letting them know when you will be leaving school grounds.

5. On the day of the field trip, the person in charge needs to:
   a. Submit to the office the names of students leaving the building on the field trip, and submit information for the students not participating, using the STUDENTS LEAVING BUILDING Form
   b. Make arrangements for students left behind
   c. Check weather conditions and cancel the trip if it is raining or there is a report of rain or other adverse weather conditions
   d. Take along a list of student names, telephone numbers and addresses
   e. Make a status report to the office upon returning from the field trip

6. SUPERVISION: The staff person and principal shall agree on the number of chaperones needed. This determination shall take into account the age of the students, the number of students needing special consideration, and the nature of the site and length of the trip.

Decision Making
Recommendation/Request – Staff Person
Decision/Approval – Principal
TYPE II FIELD TRIP

DEFINITION, PLANNING AND PROCEDURES

Type II Field Trip Definition

Type II field trips are trips which require parent/guardian permission for each trip, which require transportation, and which are limited in time to one school day or less and walking trips which cross established hazardous crossings, swimming and/or trips near water. Examples: a class field trip by bus to a museum, theater presentation, trip to Belwin, the Como Planetarium, a bicycle trip, etc.

Type II Field Trip Planning and Procedures

1. Staff person submits a REQUEST TO PRINCIPAL FIELD TRIP Form to the principal or administrative designee for each trip.

2. Principal or administrative designee approves or denies the request, signs the form and notifies staff person.

3. Staff person collects a completed and signed PARENTAL/GUARDIAN AUTHORIZATION Form from each student which indicates approval or denial and notes special health problems and handicapping conditions. VERBAL AUTHORIZATION WILL NOT BE ACCEPTED FOR APPROVAL. If special health problems are noted, consult the nurse for the appropriate medical response. In some cases, it may be appropriate for the nurse to accompany the field trip. Notify the nurse two weeks prior to trip so that arrangements can be made for special needs and medications.

4. Two weeks before the field trip notify the school cafeteria if your students will not be at lunch and order box lunches, if appropriate.

5. If swimming or going near water is to be part of the field trip, be certain to follow approved School District aquatic procedures.

6. On the day of the field trip the person in charge will:
   a. Check weather conditions and cancel if a weather warning, watch or advisory is in effect
   b. Submit to the office the names of students leaving the building on the field trip, and submit information for the students not participating, using the STUDENTS LEAVING BUILDING Form
   c. Make arrangements for students left behind
   d. Take along a list of students’ names, telephone numbers and addresses
   e. Take along a first aid kit and needed medications (obtain from nurse)
   f. Make certain all kindergarten students and other students, when appropriate, have name tags with their name and their school name and phone number
   g. Make certain to have staff along with W.S.I. or life guarding certification if going near water
   h. Make a status report to the office upon returning from the trip
   i. Check to make certain all students have a safe way home if the return is after dismissal and buses have left

7. SUPERVISION: The staff person and principal shall agree on the number of chaperones needed. This determination shall take into account the age of the students, the number of students needing special consideration, and the nature of the site and length of the trip.

Decision Making
Recommendation/Request – Staff Person
Decision/Approval - Principal
TYPE I and TYPE II FIELD TRIP
COMPLETING FIELD TRIP REQUEST FORM

Specific Instructions

Item 1: This form is to be completed and given to the principal before every field trip.

Item 3: Provide an attached list for multiple trips.

Item 4: No matter how many staff are planning or attending the field trip, it is essential that one staff member be designated as the “person in charge.”

Item 5: This same statement of purpose is to be transferred to the Parental/Guardian Notification Form. Relate the trip to District Learner Outcomes.

Item 6: Be specific. For example: Como Park – zoo, picnic area, and playing fields.

Item 8: “Number of students requiring special assistance” Be careful to note all students with health conditions (either permanent or temporary), behavioral differences, and handicapping conditions who might require special assistance of precaution on this particular field trip.

Student Concerns: Attach list of students requiring special assistance.

Examples:

<table>
<thead>
<tr>
<th>Special Needs</th>
<th>Proposed Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Staff member w/first aid training</td>
</tr>
<tr>
<td>Behavioral problems</td>
<td>Individual contacts / contingencies</td>
</tr>
<tr>
<td>Hearing impaired</td>
<td>Buddy systems (all students)</td>
</tr>
<tr>
<td>MMH students</td>
<td>No added precautions necessary</td>
</tr>
</tbody>
</table>

Item 9: Special Concerns: Please note any potential hazards such as proximity to water, wilderness area, heights, traffic, strenuous activity, etc.

Examples:

<table>
<thead>
<tr>
<th>Special Concerns</th>
<th>Proposed Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities near water</td>
<td>1) staff with WSI and/or lifeguarding certificate</td>
</tr>
<tr>
<td></td>
<td>2) specific rules for students</td>
</tr>
<tr>
<td></td>
<td>3) buddy systems</td>
</tr>
<tr>
<td></td>
<td>1) student with heart problem will not participate</td>
</tr>
<tr>
<td></td>
<td>2) buddy system</td>
</tr>
<tr>
<td></td>
<td>3) staff member with wilderness training</td>
</tr>
<tr>
<td></td>
<td>4) first aid kit</td>
</tr>
</tbody>
</table>

Item 10: Teacher and/or parents may not transport students to/from/during field trips.

Item 11: Resources needed. Example: Assistance of principal in finding a qualified adult with a Life Saving Certificate to participate in trip.

SUPERVISION: The teacher and principal shall agree on the number of chaperones needed. This determination shall take into account the age of the students, the number of students needing special considerations, and the nature and length of the trip.

NOTE: Make no formal preparations until your administrator has approved this request.
TYPE I and TYPE II FIELD TRIP FORM
REQUEST TO PRINCIPAL
See specific instructions for items marked by an *

* 1. Check one: Type I Field Trip _____ Type II Field Trip _____

2. Title of proposed field trip: __________________________

* 3. Date of trip: _______________ Departure time: _______________ Return time: _______________
   Will this trip extend beyond the normal school day? Yes _____ No ______

* 4. Name of person in charge: ____________________________

* 5. Purpose of field trip: __________________________________________________________________________________

* 6. Location of trip: __________________________________________

7. Total students involved: _______________ Ages/Grade Level(s): __________________________

* 8. Student Concerns: Attach list of students requiring special assistance.
   Special Needs Proposed Precautions
   ____________________________________________ ____________________________________________
   ____________________________________________ ____________________________________________

* 9. Special Concerns: Unique to activity or site.
   Special Needs Proposed Precautions
   ____________________________________________ ____________________________________________
   ____________________________________________ ____________________________________________

* 10. Transportation to be used: School bus _____ Walk ________
     Other (specify): ________________________________________________________________

* 11. Management Concerns: (use NA if not applicable)
     a. Source of funds: _____________________________________________________________
     b. Special provision for lunch and/or transportation to and from school: ________________
     c. What is the plan for the supervision of students who do not participate in the field trip? ______________
     d. How many adults will be needed to safely supervise this proposed trip? ______________
     e. Adults required with special skills (First Aid, Life Guarding Certificate and/or WSI., Chauffeur license): ______
     f. What would this make the adult to pupil ratio? ______________
     g. Specify other adults who will supervise the field trip (teachers, aides, parents, etc.) __________________________
     h. In case of my absence on the day of the trip, the field trip should be canceled: Yes _____ No _____ Comments: ______________
     i. Resources that would help to make this field trip safer and/or educationally valuable: ______________
     j. Do you feel this trip is covered by prior general parent permission for field trip? Yes _____ No _____

Staff Signature: ____________________________ Date Submitted: ____________________________
Approved ________ Not Approved ________ Administrator ____________________________
Comments: __________________________________________________________________________
Field Trip Destination ________________________________________________________________

Date of Trip _______________ Emergency Phone No. (if available) ______________________

Mode of Transportation _________________________________________________________________

Teacher in Charge ________________________________________________________________

Other Chaperone(s) ________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Students’ Names (List below or attach an updated class list.)

Please note arrangements made for students not participating in the field trip and the reason they are not participating.

<table>
<thead>
<tr>
<th>Names</th>
<th>Assigned to</th>
<th>Reason for not participating</th>
</tr>
</thead>
</table>

I have made appropriate arrangements for any students with special needs or handicaps; I am following approved School District aquatic procedures for field trips on, in, or near water.

Teacher ____________________________________________

Completed form is to be submitted to the school office on the day of the field trip.
TYPE I ONLY FIELD TRIP FORM
PARENTAL/GUARDIAN AUTHORIZATION

__________________________________    ____________________________________________
Student Full Name                      Parent/Guardian Name

Address: ________________________________  

I/We understand this Parental/Guardian General Authorization Form is for Type I Field Trips. Type I field trips are walking trips of one mile or less, excluding trips across established hazardous crossings, swimming and/or trips near water. Examples are: visits to a local grocery story, local library, local fire station, community walking trips, etc.

VERBAL AUTHORIZATION WILL NOT BE ACCEPTED FOR APPROVAL
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Detach and Return

Does the student have any special health problems or handicapping conditions which will require special attention or supervision on this field trip? Yes ______  No ______

If yes, what is this problem and what special considerations should be made?
________________________________________________________________________
________________________________________________________________________

I /We authorize ______________________________________________________  to take
(School) ____________________________________ on Type I Field Trips during the current school year.

Student’s Full Name

Date ____________________________  

Signature of Parent(s) or Guardian(s)

Telephone:  

Address:

Day Time ____________________________  

Emergency ____________________________
A field trip to: ____________________________________________________________
is planned by: ____________________________________________________________
for the purpose of: ______________________________________________________
________________________________________________________________________
________________________________________________________________________
on (date) __________________________
from ___________________________ (time) to _____________________________ (time)

The attached form must be completed and returned before the student will be permitted to participate in the above field trip.

VERBAL AUTHORIZATION WILL NOT BE ACCEPTED FOR APPROVAL
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Detach and Return

Field Trip Parental/Guardian Authorization

I/We authorize ____________________________________________________________

Student’s Full Name
to _________________________________________________________________ on (date) ______________________

Does the student have any special health problems or handicapping conditions which will require special attention or supervision on this field trip? Yes _______ No _______

If yes, what is this problem and what special considerations should be made?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

We understand that the necessary arrangements, plans, and precautions will be taken for the care and supervision of the student during the trip.

Date ____________________________

Signature of Parent(s) or Guardian(s)

Telephone: __________________________

Address:

Day Time __________________________

Emergency _________________________