

**PELHAM SCHOOL DISTRICT PROCEDURE
IJOA-R - REQUEST FOR EDUCATIONAL FIELD TRIP**

Day Field Trip Request

This form is for day field trips only. If your field trip is overnight, please use the overnight field trip form. This request must be considered for approval no less than two weeks before departure.

Primary Contact Name: _____
(Must be a district employee.)

Field Trip Location: _____ Date(s): _____

Grade/Class Group Participating: _____ Cost Per Student: _____

Educational Purpose: (What is the instructional objective? How does it fit into the students' program?)

Logistics

Transportation to be used: _____
(School transportation vehicles, if available, will be furnished for all trips sponsored by the school. Use of private vehicles is strongly discouraged.)

Distance from School: _____ Departure Time: _____ Return Time: _____

Number of Students: _____ Number of Chaperones Required _____
Student/chaperone ratio must be 5:1 for elementary schools and a 10:1 for middle and high schools.

____ I agree to ensure that Pelham School Board Policy IJOA Field Trips is followed as a part of this field trip.

Primary Contact Signature Date

Approvals:

Principal (All) Date

Superintendent (if outside school hours) Date

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***Instructions:** Once you have the appropriate approval(s) for your field trip, copy this permission form to the school's letterhead. Add a description of the field trip in the area indicated below. The description must include dates, times, and places of departure and return, purpose, planned activities, supervision, transportation, and requirements (clothing, equipment, supplies). Before printing, delete these instructions.*

Pelham School District
Field Trip Permission Form,
Release and Waiver of Liability

I/We, _____ the parent(s) or guardian(s) of _____ give my/our permission for my/our child to participate in the field trip described below. I/We understand that participation in this field trip is voluntary and that an alternative activity will be available to my/our child. I/We are allowing our child to participate only after understanding and considering the following:

Description of field trip:

By signing this permission, I/We acknowledge and agree as follows:

1. My/Our child's participation in the field trip poses certain risks such as vehicle accidents, death, personal injuries, property damage, unsupervised times or activities, and the negligence and carelessness of others;
2. I/We must provide the school staff and chaperones with medical or other important information that I/we feel that the school should know about our child;
3. My/Our child must adhere to all the rules, regulations, and instructions on the trip and that failure to comply could exclude my/our child from participation in this activity; and
4. I/We will bear any cost for additional transportation if our child leaves or is asked to leave the activity before completion of the trip.

In consideration of my child's participating in the field trip, I/We assume all risks and release, waive, discharge, covenant not to sue, indemnify and hold harmless the Pelham School District, its officials, employees, agents, volunteers and representatives (hereinafter "Releasees") from any and all liability resulting from my child's participation in the field trip, for any and all loss, injury, illness or damage, and any claim or demands therefore on account of death, injury or illness of my child or damage to property whether caused by the negligence of the Releasees or otherwise, arising from or related to my child's presence and/or participation in the field trip. This authorization and consent may be presented to the appropriate emergency medical staff at such time as emergency care is required.

I/WE HAVE READ THIS RELEASE AND WAIVER OF LIABILITY I/WE UNDERSTAND THAT I/WE AM/ARE GIVING UP LEGAL RIGHTS BY SIGNING IT, AND I/WE SIGN IT FREELY AND VOLUNTARILY.

Signature of Parent/Guardian

Date

PELHAM SCHOOL DISTRICT PROCEDURE IJOA-R - REQUEST FOR EDUCATIONAL FIELD TRIP

Overnight Field Trip Request

This form is for overnight field trips only. If your field trip is a day trip, please use the day trip form. This request must be considered for approval no less than three months before departure. Attached any necessary additional material to this request.

Primary Contact Name: _____
(Must be a district employee.)

Field Trip Location: _____ Date(s): _____

Grade/Class Group Participating: _____ Cost Per Student: _____

Educational Purpose: *(What is the instructional objective? How does it fit into the students' program?)*

Logistics

Transportation to be used: _____ Cost: _____

Distance from School: _____ Departure Time: _____ Return Time: _____

Number of Students: _____ Number of Chaperones Required _____

Approval Checklist (all items must be completed):

- The principal has reviewed and approved the curricular, travel, and financial aspects prior to submission to the Superintendent for presentation to the School Board.
- The materials for presentation to the School Board for approval of overnight field trips have been submitted to the Superintendent and School Board at least three (3) months prior to the departure date for the field trip.
- The material includes all logistical details involving transportation, accommodations, cost, fund-raising required of students (including the manner of fund-raising), and the educational value of the trip in relation to grade level and cost.
- The material includes a financial plan including projected costs of commercial transportation.
- The materials include evidence of trip cancellation insurance coverage that is consistent with industry standards. This insurance may be obtained through the tour company and/or individually.
- The approval is completed prior to engaging students in fund-raising activities or other preparations for the trip.
- The plan includes a sufficient number of chaperones (a 5:1 student/teacher ratio or less for elementary schools, and a 10:1 student/teacher ratio or less for middle and high schools), taking into account the trip's scheduling and logistics.
- All chaperones, including parents and volunteers, participate in District required training.
- All chaperones, including parents and volunteers, will be fingerprinted/ background checked prior to the field trip.

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- The plan includes male and female chaperones if it has male and female participants.
- If medical needs warrant, the services of a registered nurse or trained staff member or substitute trained in prescription medication administration will be provided by the District.
- All participating students will be required to submit a signed Pelham School District Overnight Trip parent/guardian permission form.
- Parents will not be allowed to go on a field trip unless they are pre-approved by the school principal or designee.
- The primary contact has confirmed that the Department of State has not issued a current travel prohibition or travel warning which presents a unique risk to student safety.

I agree to ensure that Pelham School Board Policy IJOA Field Trips is followed as a part of this field trip.

Sponsor/Teacher Signature

Approvals:

Principal

Date

Superintendent

Date

School Board Chair

Date

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Instructions: Once you have the appropriate approval(s) for your field trip, copy this permission form to the school's letterhead. Add a description of the field trip in the area indicated below. The description must include dates, times, and places of departure and return, purpose, planned activities, lodging, supervision, transportation, and requirements (clothing, equipment, supplies). Before printing, delete these instructions.

Pelham School District Overnight Field Trip Permission Form, Release and Waiver of Liability

I/We, _____ the parent(s) or guardian(s) of _____ give my/our permission for my/our child to participate in the overnight field trip described below. I/We understand that participation in this overnight field trip is voluntary. I/We are allowing our child to participate only after understanding and considering the following:

Description of field trip

By signing this permission, I/We acknowledge and agree as follows:

1. My/Our child's participation in the overnight field trip poses certain risks such as vehicle accidents, death, personal injuries, property damage, unsupervised times or activities, and the negligence and carelessness of others;
2. The Pelham School District selected reputable companies to provide transportation, lodging, and services but the Pelham School District, its employees, and volunteers do not control these companies, is not responsible for their actions or for the condition or use of non-school property and that during the overnight field trip there will be times when my child will not be supervised or in supervised activities;
3. I/We must provide the school staff and chaperones with medical or other important information that I/we feel that the school should know about our child;
4. My/Our child must adhere to all the rules, regulations, and instructions on the trip and that failure to comply could exclude my/our child from participation in this activity; and
5. I/We will bear any cost for additional transportation if our child leaves or is asked to leave the activity before completion of the trip.
6. In consideration of my child's participating in the overnight field trip, I/We assume all risks and release, waive, discharge, covenant not to sue, indemnify and hold harmless the Pelham School District, its officials, employees, agents, volunteers and representatives (hereinafter "Releasees") from any and all liability resulting from my child's participation in the overnight field trip, for any and all loss, injury, illness or damage, and any claim or demands therefore on account of death, injury or illness of my child or damage to property whether caused by the negligence of the Releasees or otherwise, arising from or related to my child's presence and/or participation in the overnight field trip. This authorization and consent may be presented to the appropriate emergency medical staff at such time as emergency care is required.

I/WE HAVE READ THIS RELEASE AND WAIVER OF LIABILITY I/WE UNDERSTAND THAT I/WE AM/ARE GIVING UP LEGAL RIGHTS BY SIGNING IT, AND I/WE SIGN IT FREELY AND VOLUNTARILY.

Signature of Parent/Guardian

Date