

## **FIELD TRIP PROCEDURES AND FORMS PACKET**

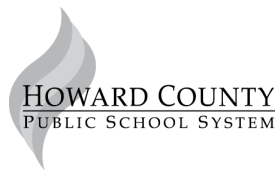
- ☐ **Request For Student Field Trip**
- ☐ **Field Trip Teacher Checklist**
- ☐ **Chaperone Responsibility Form**
- ☐ **Permission Form For Student Field Trip**
- ☐ **Field Trip Release Form**
- ☐ **Student Search by Teacher - Field Trip Form**

### **Medical Forms**

- ☐ **Emergency Procedure/Health Information For Extended Day, Overnight and Foreign Travel**
- ☐ **Medication Form/Physician's Order (To be completed by Physician/Authorized Health Care Provider)**

### **Directions:**

- Order one packet per field trip from Warehouse IFAS #39502293 (25 packets per pack)
- IFAS Form #39502236 Emergency Procedure/Health Information for Extended Day, Overnight Field and Foreign Travel Trips – available in Warehouse for multiple copies
- IFAS Form #39513035 HCPSS School Health Services – available from the school nurse (Refer to Field Trip Teacher Checklist, Two Weeks before field trip)
- Multiple copies of any other form in the packet will need to be copied



# REQUEST FOR STUDENT FIELD TRIP

**THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME. IN ADDITION, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSSES IF A TRIP IS CANCELLED FOR THE SAFETY OF STUDENTS, STAFF, & CHAPERONES.**

- **All Field Trips** – Fifteen (15) school days prior approval from the school-based administrator, Office of Safety Environment and Risk Management, and Office of School Administration is required.
- **Field Trips Requiring Contract Review** – No field trip will be conducted until all language in the contract is approved by the Office of Safety, Environment and Risk Management. A minimum of thirty (30) school days prior to any required contractual deadlines is recommended to obtain approval.

## PROCEDURE:

1. Teacher-In-Charge completes Field Trip Request Form, attaches contract/agreement when appropriate, and submits to School-Based Administrator for signature.
2. Teacher-In-Charge contacts the Health Services Staff two (2) weeks prior to the trip and the cafeteria manager after the trip is approved.
3. School-Based Administrator sends the approved Field Trip Request Form, with the attached contract/agreement to the Office of Safety, Environment and Risk Management for approval.
4. Office of Safety, Environment and Risk Management will send to the Office of School Administration for approval.
5. Office of School Administration will return all approved and denied domestic travel request forms to the appropriate school administration.
6. School-Based Administrator contacts the Teacher-In-Charge, approved trip is announced to students, and permission slips are sent to parents.
6. Permission slips are given to the School-Based Administrator prior to the trip, and emergency/health forms are taken with the Teacher-In-Charge on the trip.
7. The School-Based Administrator will retain this form and permission slips for two (2) years from date of the trip.

Check Type(s) of Field Trip: ☐ Student Day ☐ Extended Day ☐ Overnight ☐ Non-School Day ☐ School System Sponsored

School / Class or Group: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Date & Time \_\_\_\_\_ Return Date & Time: \_\_\_\_\_

Objective of Trip: \_\_\_\_\_

Teacher-In-Charge: \_\_\_\_\_ Teacher's Emergency (cell) Phone #: \_\_\_\_\_

Cost Per Pupil: \$ \_\_\_\_\_ Number of Students: \_\_\_\_\_

Ratio of Chaperone to Students: \_\_\_\_\_ Will Chaperone participate in activities (other than supervisory role)? Yes ☐ No ☐

Bus Company: \_\_\_\_\_ Bus Co. Telephone #: \_\_\_\_\_

☐ Approved ☐ Rejected

\_\_\_\_\_  
Signature of School-Based Administrator

☐ Approved ☐ Rejected

\_\_\_\_\_  
Signature of Safety, Environment & Risk Management Office

☐ Approved ☐ Rejected

\_\_\_\_\_  
Signature of Office of School Administration

The following should accompany this request when appropriate:

1. Information given to chaperones with details of trip including trip itinerary
2. Emergency and Inclement Weather Plans

II PLEASE PROVIDE THE FOLLOWING INFORMATION:

Meal Arrangements: \_\_\_\_\_

\_\_\_\_\_

Route: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names (and cell phone numbers if available) of ALL staff members going on trip: (All out of county trips must have at least two staff members).

\_\_\_\_\_

\_\_\_\_\_

Names (and cell phone numbers if available) of other chaperones going on trip:

\_\_\_\_\_

\_\_\_\_\_

Provide the following information to School-Based Administrator:

Information given to all chaperones with details of trip and itinerary  
Emergency Plans  
Inclement Weather Plans

III. Final Approval \_\_\_\_\_  
(School-Based Administrator's Signature)

Date \_\_\_\_\_

IV. Collect and attach permission slips and return this form to School-Based Administrator before departure.

## Field Trip Teacher Checklist

### A minimum of 15 school days prior to the field trip:

- ☐ Plan and write itinerary
- ☐ Submit the Field Trip Request form to building principal for approval
- ☐ Submit and receive written approval from school-based administrator, Office of Safety and Risk Management, and the Office of School Administration
- ☐ Consult with school-based health services staff regarding confirmed dates of trip and students attending
  - Ensure that students with specific health needs or physical limitations have equipment, medication, and current medication orders as appropriate. A parent of these students may be invited to accompany them on the trip
  - Arrange for storage and administration of medication during the field trip unless student may self-administer/carry

### After trip approval:

- ☐ Prepare permission forms
- ☐ Distribute and discuss the permission form, announce the due date and share trip itinerary with students
- ☐ Collect permission forms and any required fees
- ☐ Complete accounting form and make deposits
- ☐ Ensure that you have:
  - Student Information
  - Student Emergency Procedure forms

- Health insurance forms for all trip participants
- Written verification of search and seizure procedures training

### Two weeks before the field trip:

- ☐ Meet with school nurse
- ☐ Meet with food services

### At least a week before the field trip:

- ☐ Inform the cafeteria of the field trip at least five (5) school days prior to the trip and ensure that lunch provisions are made for students who receive free or reduced-price lunches
  - ☐ Notify appropriate staff members of students attending
  - ☐ Group students with chaperones and create bus lists
- All medication, medical supplies, and the person(s) responsible for administering the medication shall be transported in the same vehicle as the student(s) requiring the medical services**
- ☐ Confirm any reservations, including transportation

### Day before the field trip:

- ☐ Provide and document instructional coverage for children not participating
- ☐ Inform the students of the itinerary, rules, policies, and suggested appropriate attire
- ☐ Remind students of the trip plans, behavioral expectations and curriculum objectives on the day before the trip
- ☐ Provide the school-based administrator with the permission slips and a copy of the master list of students and chaperones on each bus

### Day of the field trip:

- ☐ Leave an updated list of those students who are actually attending including bus numbers
- ☐ Review the Chaperone Responsibility Form with all chaperones and have each chaperone sign the form. Ensure the following items are reviewed:
  - Itinerary
  - Specific duties for proper supervision
  - Procedures for roll call for loading and each reloading during the trip
  - Names of students for whom they will be responsible
  - Procedures to be followed in the event of an emergency, illness, or accident
  - When appropriate, suggested questions or activities for achievement of student objectives
  - Any other information needed for the trip
- ☐ Sign out any (pre-arranged) early pickups with the Field Trip Release Form
- ☐ Provide for staff supervision until the last student goes home as prearranged by the parent
- ☐ Report any concerns/ problems to the school-based administrator as soon as possible

### After the field trip:

- ☐ Conduct a meeting between the Teacher-In-Charge and the building administrator to assess the educational value of the experience
- ☐ Ensure there is relevant classroom follow-up of field trip



## Chaperone Responsibility Form

Date \_\_\_\_\_

Dear Parents:

We appreciate your willingness to help chaperone this trip. Without assistance from chaperones, this trip would not be possible. The responsibilities of a chaperone can be demanding mentally and physically. If you have any, or potential, limitations that may prohibit or minimize your ability to carry out the responsibilities of a chaperone, please discuss this with the Teacher-In-Charge **prior to the trip**. The information provided will assist in planning. Reasonable accommodations, if necessary, will be considered to ensure your safety and health.

To assist us in making this a positive experience for all, we are requesting the following:

- Chaperones should **immediately** alert the Teacher-In-Charge or other staff member under the following circumstances:
  - Student becomes ill or injured or reports feeling ill or injured;
  - Student becomes unmanageable in any way;
  - Student's behavior makes the chaperone feel uncertain or uncomfortable;
  - Student will not stay with the group or follow directions of the chaperone;
  - Student becomes lost; or,
  - Another chaperone seems to be having difficulty dealing with a student or group of students.

The notified staff member will then take appropriate action:

- Please follow the instructions of the Teacher-In-Charge regarding supervision of the students assigned to you. If you are unsure of your responsibilities, please clarify them with the Teacher-In-Charge. Please make the safety of the students your highest priority.
- Purchasing of souvenirs or food (other than the previously announced meal arrangements) is only permitted if approved by the Teacher-In-Charge. Please exercise consideration for and sensitivity to the needs, feelings, and comfort of all students under your supervision.
- As some students may have food allergies, students should not share food with one another, and chaperones are asked not to share food with students.
- When students use rest rooms, please exercise age-appropriate care to ensure student safety.
- Chaperones who are assigned groups of students are encouraged to conduct frequent "head counts" of their groups. Also, a "head count" should be taken on the bus at the beginning of the trip and prior to the departure of the bus for the return to school.
- Chaperones may not smoke or consume alcohol on any school-sponsored trip.
- If possible, chaperones are asked to bring cell phones and exchange contact numbers with the Teacher-In-Charge to assist in communication during the field trip.

Thank you for your assistance in making this a safe and positive experience for all students.

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*Please read, and sign below:*

I understand that the Howard County Public School System shall not be held responsible for my injury and/or loss of my personal property due to my voluntary involvement in an activity that is not required as part of my responsibilities as a chaperone.

The Howard County Public School System provides liability insurance coverage for claims that may be filed concerning any actions or omissions by me, while within the scope of my duties as a chaperone.

☐ I have read, understand and can perform responsibilities/duties of a chaperone for \_\_\_\_\_'s field trip to \_\_\_\_\_.  
(Name of School) (Destination)

☐ I give permission for my cell phone number to be shared with the other chaperones and HCPSS staff to ensure safety and communication on this trip.

\_\_\_\_\_  
(Printed Full Name of Parent Chaperone)

\_\_\_\_\_  
(Parent Signature/Date)



## PERMISSION FORM FOR STUDENT FIELD TRIP

Dear Parents:

The following trip has been arranged to complement the instructional program of your student. This trip has been approved according to the Board of Education Policy and guidelines established by the Superintendent of Schools. All school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the Teacher-In-Charge.

Please complete the bottom portion of this form, **detach** and return with cash or check to the Teacher-In-Charge. If you can chaperone, please check the box at the bottom and provide your contact information.

The HCPSS Finance Office has contracted with the Envision Payment Solutions, Inc. for the electronic collection of check payments. If the check is returned unpaid, Envision Payment Solutions, Inc. will assess a \$35 fee allowed by Maryland state law and charged as an electronic fund transfer.

School:	Thomas Viaduct Middle School		
Destination:	Baltimore Inner Harbor		
Objective of the trip:	Students will experience the Chesapeake Bay and celebrate their years at MS		
Class/Group:	8th Grade Class		
Departure date:	June 5th, 2017	Time:	9:45 am
Return Date:	June 5th, 2017	Time:	2:00 pm
Bus Company:	Bowens Bus Company		
Public Transport:			
Cost per student:	\$ 46.00		
Checks payable to:	Thomas Viaduct Middle School		
Due Date:	Thursday, May 18th		
Meal Arrangements:	Lunch will be provided for the students		
Appropriate Attire:	Business Casual		
Total # of Students:	200		
Anticipated Ratio of Chaperones to Students:	1:12		

This trip will be:	
Student Day <input checked="" type="checkbox"/>	Extended Day <input type="checkbox"/>
Overnight <input type="checkbox"/>	Non School Day <input type="checkbox"/>

If the trip returns after the regular student day, the parent will pick up the student at the school within 15 minutes of return.

Alternate plans in case of postponement or cancellation:

There may be a separate attachment detailing the itinerary, special clothing or cash requirements, as well as any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.

Teacher-In-Charge: Rebecca Ache

Contact number: 410-313-8711

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT. THE SCHOOL SYSTEM IS ALSO NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS.

I GRANT PERMISSION FOR \_\_\_\_\_ TO GO TO Baltimore Inner Harbor  
(PRINT Student Name) (Destination)  
ON June 5th, 2017. I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD  
(Date)

RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL. PARENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

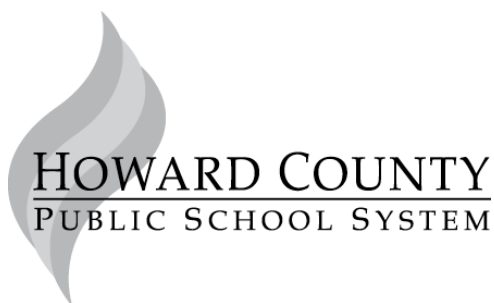
☐ I AM AVAILABLE TO CHAPERONE AND ACCEPT THE DUTIES AND RESPONSIBILITIES OF THE POSITION.

CHAPERONE NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CHAPERONE PHONE NUMBER \_\_\_\_\_ CHAPERONE EMAIL: \_\_\_\_\_

IFAS #39502293 Packet Please detach and return this bottom portion with your payment to the Teacher-In-Charge

Revised 7/14/2014



## FIELD TRIP RELEASE FORM

I \_\_\_\_\_ am assuming custody of  
(Print full name)

\_\_\_\_\_ on \_\_\_\_\_.  
(Print full student name) (Date)

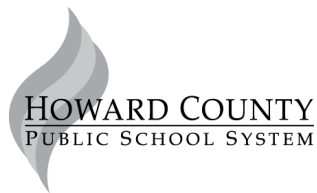
I understand that I may be asked to provide valid identification and that the Howard County Public School System is released of all liability.

I assume all responsibility for my child upon release.

HCPSS Staff Member Releasing Student: \_\_\_\_\_

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

Time of Release: \_\_\_\_\_



**Howard County Public School System  
Student Search by Teacher – Field Trip Form**

Teacher Designation and Training

I \_\_\_\_\_, principal of \_\_\_\_\_ School  
(print name)  
have designated \_\_\_\_\_ (“Teacher”) to conduct a search of a  
(name of teacher)  
student on a field trip if the teacher has a reasonable belief that the student has  
in his/her possession an item which constitutes a criminal violation or a violation of  
Howard County Public School System policies or regulations. The teacher has received  
the following information as outlined in Policy 9260:

- The standard for search is reasonable belief.
- “Reasonable Belief” is based on all the circumstances, including the source of the evidence and the seriousness of the suspected item.
- Must have “reasonable belief” at the beginning of the search and throughout the scope of the search.
- Search must be conducted in the presence of a 3<sup>rd</sup> person.

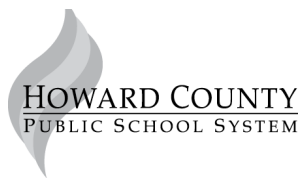
\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Acknowledgement

**Note:** Under the law, a teacher cannot search a student on a field trip unless they have been designated in writing and received training on student searches.



**EMERGENCY PROCEDURE/HEALTH INFORMATION for  
EXTENDED DAY, OVERNIGHT FIELD AND FOREIGN TRAVEL TRIPS****MUST BE COMPLETED BY PARENT FOR ANY STUDENT ATTENDING TRIP**

STUDENT'S NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
PARENT/GUARDIAN NAME \_\_\_\_\_

**EMERGENCY NOTIFICATION**

(List in order of Notification - Parent/Guardian will be contacted first unless otherwise specified.)  
MAJOR EMERGENCIES WILL BE TAKEN TO THE NEAREST HOSPITAL

NAME OF PERSON RELATIONSHIP PHONE NUMBER

NAME OF PERSON RELATIONSHIP PHONE NUMBER

**HEALTH INFORMATION**

(Please list & give dates if known)

**Health conditions/operations:**

**Handicapping Conditions:**

**Allergies** (medication, food, insects, etc.):

Describe the usual **symptoms/reactions**:

**Medications** (prescription and non-prescription):

**If prescription or over-the-counter medication is to be taken, a separate written order from your physician specific to Medication Form/Physician's Order (IFAS# 39513035) is required. Refer to attached Medication/Treatment Order. MEDICATION MUST BE PROVIDED FROM HOME. There will not be a school nurse in attendance on this trip.**

Does your child have any activity restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Does your child have dietary restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what are restrictions? \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**The information you provide will be handled in a confidential manner. Information provided on this form will be shared with staff as necessary to maintain your child's safety.**

INSURANCE COMPANY \_\_\_\_\_ POLICY OR BINDER NUMBER \_\_\_\_\_

PERMISSION IS GRANTED FOR TREATMENT OF THE ABOVE NAMED PARTICIPANT BY A PHYSICIAN AND/OR HOSPITAL FOR ANY MEDICAL OR SURGICAL EMERGENCY.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## HCPSS SCHOOL HEALTH SERVICES

IFAS #39513035 Form

**Medication Form/Physician's Order (To Be Completed by Physician/Authorized Health Care Provider)**

Student Name: \_\_\_\_\_ Gender: M F Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Order: \_\_\_\_\_  
 School: \_\_\_\_\_ Order Expires End of School Year **or** (date): \_\_\_\_\_  
 Reason for Medication: \_\_\_\_\_ Order valid for current year including summer school ( Check if appropriate) ☐  
 Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Strength: \_\_\_\_\_  
 Time to Give Medication: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency of Medication: \_\_\_\_\_ Date Med. Expires: \_\_\_\_\_  
 Possible Side Effects: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Special Instructions \_\_\_\_\_

☐ Student may carry and self administer medication for asthma or other airway constricting conditions MD Initials 
**PRINTED PHYSICIAN/PRESCRIBER NAME AND SIGNATURE****PARENT/GUARDIAN SIGNATURE****Medication Administration Record (For School Use Only)**

Nurse Reviewed:			Dates Reviewed:																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
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May																																	
June																																	
July																																	

Name/Position	Initials	Name/Position	Initials	<b>CODES: Chart reason</b> (See H.S. Manual)
_____	_____	_____	_____	X: School Closed FT: Field trip
_____	_____	_____	_____	A: Absent R: Refused
_____	_____	_____	_____	N: None Available O: Omitted
_____	_____	_____	_____	NS: No Show to HR H: Dose Held
Nursing assesment has been completed for student self-administration				D/C: Med. Discontinued
Student may / may not self administer (Circle One)				L/E Late Arrival/Early Dismissal
		RN Signature	Date	

HCPSS/DSFCS/OSS/Health Services/Medication Order Form /pat/7/05

## MEDICATION PROCEDURE INFORMATION

**School system requirement for medication administration must be followed in order for students to take medication during school hours and school sponsored events.**

1. Parents must provide a written authorization for **any** medicine to be administered. This includes over-the-counter medicine (including medicated cough drops), homeopathic medicine, and prescription medicine.
2. **The first dose of any new prescription must be given at home.**
3. The parent/guardian is responsible for obtaining a written the medication order. The attached medication form/physician's order is preferred. An authorized prescriber (physician, dentist, physician's assistant, nurse practitioner) may use office stationary or a prescription pad instead of completing the attached form. The authorized health care provider must sign the order form. Necessary information includes:

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Name of student</li> <li>• Date of medication order</li> <li>• Name of medication</li> <li>• Dosage and strength of medication</li> <li>• Route of administration</li> </ul> | <ul style="list-style-type: none"> <li>• Date order expires (Check box if order valid for summer school.)</li> <li>• Time and frequency of medication</li> <li>• Diagnosis (Reason for administration of medication.)</li> </ul> | <ul style="list-style-type: none"> <li>• Authorized health care provider signature</li> <li>• Special instructions (including whether or not medication may be self-administered or carried by the student)</li> </ul> |
|---|--|--|

**Note:** PRN medications should have the **frequency** of repeat doses clearly indicated on the order.

4. Occasionally students may need to self-administer/carry medication such as inhalers or emergency medication. A written medication order, signed by an authorized health care provider, that specifically states that the student may self-administer/carry medication, must be on file in the health room for any student who carries medication throughout the school day.
5. **A new medication order is required for each new school year dated on or after July 1.**
6. The medication should be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent. Students should not transport medication to or from school.
7. All medication must be properly labeled and consistent with the medication order. Pharmacy containers and labeling are preferred; ***a second labeled container can be obtained by asking the pharmacist.*** Parents should label over-the-counter medication. Physician samples must be appropriately labeled by the physician or parent/guardian. The following information must be on the label:
 

<ul style="list-style-type: none"> <li>• Name of the student</li> <li>• Date of the medication order</li> </ul>	<ul style="list-style-type: none"> <li>• Name of the Medication</li> <li>• Route, time, and frequency of the medication</li> </ul>	<ul style="list-style-type: none"> <li>• Dosage and strength of the medication</li> <li>• Authorized health care provider name</li> </ul>
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8. Over the counter medications must be received in new, unopened containers and be clearly labeled with the student's name.
9. The school nurse must approve the medication order before the first does of medication can be administered at school.
10. The parent/guardian is responsible for submitting a new medication order form to the school each time there is a change of dose or time of administration or route of administration.
11. The parent must provide medication for as long as it is prescribed. All medication kept in the school will be stored in a locked area accessible only to authorized personnel.
12. Within one week after expiration of the effective date on physician's order, the parent/guardian must personally collect any unused portion of the medication. Medication not claimed within that period will be destroyed.
13. Expired medication cannot be given. The effective expiration date of a medication is the earlier of either the pharmacy labeled expiration date or the manufacturers expiration date.
14. Each student's confidentiality will be maintained to the extent possible by school staff. At times, school personnel outside of the health services program may need to be made aware by health services staff that a student is receiving medication in order to monitor effectiveness, side effects, adverse reactions, or in response to other legitimate school related issues or responsibilities. Information will be shared on a need-to-know basis only.
15. Under no circumstances may any school staff administer **any** medication outside the procedures outlined in the Health Services Medication Administration Procedure.
16. The Howard County Public School System does not assume responsibility for medication administered outside of the Health Services Medication Administration Procedure.