



## Field Trip Application Form

Field Trip Sponsor(s): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Staff Chaperone(s): \_\_\_\_\_

Sponsor(s)/Chaperone(s) Cell Phone Number(s): \_\_\_\_\_

Non-Employee Supervisors: \_\_\_\_\_

\*Must complete a Volunteer Application Form and be approved in order to participate.

Instructional Field Trip     Enrichment Field Trip

Date of Trip: \_\_\_\_\_

Location of Trip: \_\_\_\_\_

If an instructional field trip, please state student outcomes which relate to the district's core curriculum or if an enrichment field trip list the student outcomes which reflect the extension of learning beyond the core curriculum. \_\_\_\_\_

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

❖ Please sign this form on the back and have it signed by the Principal as well.

❖ Please make yourself familiar with the Field Trip Guidelines on the reverse side of this form.

### **For an Overnight Field Trip please fill out the following information**

Trip Sponsor(s): \_\_\_\_\_ Staff Chaperone(s): \_\_\_\_\_

Sponsor(s)/Chaperone(s) Cell Phone Numbers \_\_\_\_\_

Non-Employee Supervisors: \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_

Location(s) of Trip: \_\_\_\_\_

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

Name of Staff Member(s)/Supervisor(s) trained in CPR, first aid and administration of medications: \_\_\_\_\_

\*At least one individual must be trained in these areas

Is this a mixed gender trip? Yes No

Please describe sleeping accommodations: \_\_\_\_\_  
\_\_\_\_\_

Mode(s) of Transportation: \_\_\_\_\_

\*If students will be transported by bus, arrangements must be made 2 weeks prior to the trip.

Driver(s) Liability Coverage: \_\_\_\_\_

- Application must be submitted at least 60 days in advance of the overnight trip for approval by the principal and superintendent.
- Non-employee supervisors must fill out a Volunteer Application Form and submit it to the Superintendent's Office for approval in order to be able to participate.
- A trip itinerary must be attached to this application form when submitted for approval for an overnight trip.
- The staff chaperone(s) must have in their possession an Adrian Public Schools Field Trip Consent and Emergency Form for each student on any field trip. A list of students on the trip must also be on file in the principal's office.
- Staff chaperone(s) are responsible for taking a district emergency kit on field trips.
- Supervision of students is the responsibility of the trip sponsor(s)/chaperone(s). The district's *Student Code of Conduct* and *Bus Rules* govern student behavior on all field trips. Any special rules for the trip must be approved by the principal. Adequate adult supervision must be provided to ensure student safety.
- Conditions under which any field trip may be cancelled must be specified; parents and guardians continuing financial obligations to the trip must also be made clear.

\_\_\_\_\_  
Signature of Trip Sponsor

\_\_\_\_\_  
Signature of Building Principal

\_\_\_\_\_  
Signature of Superintendent  
\*If overnight trip



## Field Trip Consent & Emergency Form

<b>Student Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Grade</b>
<b>Street Address</b>	<b>City/St/Zip</b>	<b>Age</b>	<b>Birth Date</b>
<b>Guardian/Parent Home Phone Number</b>	<b>Work Phone</b>	<b>Cell Phone</b>	

I acknowledge that any program endorsed by the school is part of the educational process and provides a learning experience of educational value to my child. I hereby give my consent, accept all liability and hold Adrian Public Schools harmless for the above student to participate in the following school-sponsored field trip or event as described: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

### Authorization & Consent for Medical Treatment

In case of an accident involving injury or suspected injury, or in the case of illness, I hereby authorize a member of the Adrian Public Schools staff to transport my child to the nearest available emergency room and/or authorize treatment for my child.

I hereby make, constitute, and appoint Adrian Public Schools, and its staff, full power to consent to any x-ray, examination, and anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to my child on the advise of any physician or surgeon licensed to practice in the jurisdiction in which our child is located. This authority is delegated by use for the interval of any field trip or event sponsored by Adrian Public Schools in which my child is participating.

In signing this document, I attest to the fact that these are my wishes.

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

Family's Medical Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies or Other Health Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_