

FIELD TRIP/EXCURSION CHECKLIST FOR TEACHERS/TRIP COORD.**Directions: Requester keep track of your field trip paperwork with this checklist**

School: _____

Your Name: _____

Destination: _____

Purpose of Trip: _____

Check When Completed:**MANDATORY FORMS**

- ☐ Field Trip/Excursion Check List (this form, 2-sided) Follow all instructions.
- ☐ Field Trip Authorization Form
- ☐ Teacher Request Form (Curricular tie in for nonathletic trips)
- ☐ Promise to Pay (If Applicable) – EXAMPLE ENCLOSED
- ☐ Purchase Order for any purchases required EXCEPT Transportation (i.e. entrance tickets)
- ☐ Parental Consent Form/Bag Lunch Request (Form A, English/Spanish 2 Sheets)
- ☐ Parental Consent Form (Water Activities Form if Applicable)/Bag Lunch Request (Form A, 2-sided English/Spanish 2 Sheets)
- ☐ Chaperone Agreement
- ☐ Chaperone List
- ☐ Volunteer Clearance (T.B and Fingerprints)
- ☐ Driver Information (Valid license & insurance)
- ☐ Student List
- ☐ Transportation Waiver (if applicable)
- ☐ Brown Bag Lunch Request (Form B)
- ☐ Board Approved Out of Country Trip Contract (If Applicable)

Other Items to Consider:**Have you confirmed ALL your reservations?*****Destination, Transportation and Food Services****Bridge Toll*****Will the bus be crossing a bridge that requires paying a fee****Parent Parking*****Parking will vary for parents****Do you have any additional stops?**

Principal Signature _____

Teacher/Trip Coordinator Signature _____

Date _____

By signing this form, I acknowledge all steps have been completed**Submit this completed checklist and documents to your Administrative Assistant**

Pajaro Valley Unified School District

FIELD TRIP AUTHORIZATION FORM

To be completed by teacher or advisor for any student group leaving campus.

Must be emailed to pvusd_fieldtrip@pvusd.net at least 30 days prior to trip.

(1) _____ (2) _____ (3) _____ (4) _____
School Grade(s) # of Students # Miles-1 Way

(5) _____ (6) _____
Destination Purpose of Trip

(7) Date Options.

1st Choice _____ 2nd Choice _____ 3rd Choice _____

(8) GL# _____
Account # _____

DEPARTURE:

RETURN:

(9) _____ (10) _____ (11) _____ (12) _____
Time Place Time Place

(13) _____ (14) _____
Adult in Charge Method of Transportation

(15) If private cars are used, is volunteer driver information on file? ☐ Yes ☐ No

(16) Signed Guardian permission slips on file? ☐ Yes ☐ No

(17) Will students be away over night? ☐ Yes ☐ No

(18) Out of State/Country ☐ Yes ☐ No (Contact Risk Management if Yes)

(19) If (17) is yes, please give name, address and phone of location where staying:

Telephone: _____

(20) Will special equipment (bikes, tools, etc.,) be used by students? ☐ Yes ☐ No

If yes, what equipment? _____

(21) Are prerequisites required (training, physical exams, waivers, etc.)? ☐ Yes ☐ No

If yes, describe _____

(22) Is there a requirement that district insurance cover any "outside" property or individual?

☐ Yes ☐ No (Such as a certificate of insurance/hold harmless agreement - Contact Risk Manager)

(23) Number of Chaperones _____ Attach list of names is **REQUIRED**. An adult must be present on the bus while transporting any students.

(24) Has additional insurance been obtained? ☐ Yes ☐ No

Signature: Teacher/Person in Charge _____ Date _____

Signature: Principal _____ Date _____

Signature: Assistant Superintendent _____ Date _____

REMINDER:

Trips that include Swimming, Wading or possible water safety risks:

Lifeguards: 1 per 25 students;

Chaperone Ratio: see Regulation #6153

Grades K - 3: 1 to 4

Grades 4 - 6: 1 to 8

FIELD TRIP REQUEST FORM

School Name: _____

Names of all Teachers attending field trip: _____

Grade Level: _____ Special Ed.?: _____

Destination of the Trip: _____ Date Trip to be taken: _____

Approximate departure and return time for the trip:

Depart: _____ Return: _____

*Please list on next page, the names of chaperones that you will take on the fieldtrip.***Curriculum Connection (for non-Athletic events):**

- Academic Standards Addressed:

- Describe in-class participation before field trip:

- Planned follow-up activities:

Teacher signature: _____ Date submitted: _____

Principal signature: _____ ☐ Approved ☐ Denied Date _____

Incomplete forms may delay approval process or may be returned to site for completion.

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**PAJARO VALLEY UNIFIED SCHOOL DISTRICT
PARENTAL CONSENT FOR FIELD TRIP OR EXTRA
CURRICULAR ACTIVITY AND EMERGENCY MEDICAL
AUTHORIZATION FORM**

Dear Parent / Guardian: **Kindly complete this voluntary excursion form and return this form to your child's teacher.**

My son/daughter/ward, _____ a student at _____ School, has my permission to participate in the following voluntary activity/field trip:

Field Trip/Extracurricular Activity: _____

Date of Field Trip: _____ Departure Time: _____ Return Time: _____

Describe Activity: _____

Mode of Transportation: _____

In the event of illness or injury, I hereby authorize Pajaro Valley School District personnel to use their judgment in obtaining emergency medical services, including x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that the Pajaro Valley Unified School District does not have insurance which pays the medical or hospital costs that might be incurred on behalf of my child.

I agree to hold the Pajaro Valley Unified School District officers, agents and employees harmless from any and all liability or claims, which may arise out of, or in connection with, my child's participation in this activity/field trip. I assume all liability for the conduct of my child and agree to indemnify the District for any claims arising against it resulting from my child's conduct. California Education Code Section 35330

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone # _____ Emergency # _____

Medical Insurance Carrier _____ Policy Number _____ Phone _____

My child has the following special medical needs: _____

My child has the following allergies: _____

My child will need to take the following medication: _____

(Note: If the school has not already been informed of the need to dispense medication, you will need to meet with school officials to make the proper arrangements)

FAILURE TO RETURN SIGNED FORM WILL MEAN STUDENT WILL NOT BE ALLOWED TO PARTICIPATE IN THIS ACTIVITY/ FIELD TRIP.

THIS FORM IS TO BE CARRIED ON THE TRIP BY THE SCHOOL REPRESENTATIVE.



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**PAJARO VALLEY UNIFIED SCHOOL DISTRICT
PARENTAL CONSENT FOR A FIELD TRIP WHICH
INCLUDES WATER ACTIVITIES AND EMERGENCY
MEDICAL AUTHORIZATION FORM**

Dear Parent / Guardian: **Kindly complete this voluntary water excursion form and return to your child's teacher.**

My son/daughter/ward, _____ a student at _____ School,
has my permission to participate in the following voluntary water activity/field trip:

Water Activity/Field Trip: _____

Date of Activity: _____ **Departure Time:** _____ **Return Time:** _____

Describe Water Activity: _____

Mode of Transportation: _____

In the event of illness or injury, I hereby authorize Pajaro Valley School District personnel to use their judgment in obtaining emergency medical services, including x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that the Pajaro Valley Unified School District does not have insurance which pays the medical or hospital costs that might be incurred on behalf of my child.

Agree to hold the Pajaro Valley Unified School District officers, agents and employees harmless from any and all liability or claims, which may arise out of, or in connection with, my child's participation in this activity/field trip. I assume all liability for the conduct of my child and agree to indemnify the District for any claims arising against it resulting from my child's conduct. California Education Code Section 35330

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

My Child/Ward knows how to swim: _____ **My Child/Ward does not know how to swim:** _____
(Please initial) (Please initial)

Parent/Guardian Signature: _____ **Date:** _____

Address: _____ **Phone #** _____ **Emergency #** _____

Medical Insurance Carrier _____ **Policy Number** _____ **Phone** _____

My child has the following special medical needs: _____

My child has the following allergies: _____

My child will need to take the following medication: _____

(Note: If the school has not already been informed of the need to dispense medication, you will need to meet with school officials to make the proper arrangements)

FAILURE TO RETURN SIGNED FORM WILL MEAN STUDENT WILL NOT BE ALLOWED TO PARTICIPATE IN THIS WATER ACTIVITY/FIELD TRIP.

THIS FORM IS TO BE CARRIED ON THE TRIP BY THE SCHOOL REPRESENTATIVE.

**PAJARO VALLEY UNIFIED SCHOOL DISTRICT
CHAPERONE AGREEMENT FORM**

Name of School: _____ Date: _____

Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

Mode of Transportation: _____

I agree to hold Pajaro Valley Unified School District, its officers, agents and employees harmless from any and all liability or claims arising out of or in connection with my participation in this activity. Education Code Section 35330

I agree to chaperone the students assigned to me on the above date. I will stay with my group from the beginning of the excursion to the end and will not leave my group of students un-chaperoned at any time during this excursion. In the event this Field Trip/Excursion involves a water activity, I represent that I **do** know how to swim and will be wearing appropriate attire if the students are in the water during this activity.

Name (Please Print): _____ Signature: _____

Address: _____ Phone: _____

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Grade level: _____

Field Trip Date: _____

LIST OF ADULT CHAPERONES:

[illegible]

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Source: <http://www.fishbase.org>. Accessed 10/20/2010.

Field Trip Date: _____

Updated 7/1/18