

## STAFF GUIDELINES FOR HARRISON SCHOOL DISTRICT TWO APPROVED FIELD TRIPS

For purposes of these guidelines, a field trip is defined as “any academic, athletic\*, competitive\*, instructional, performance or other District approved trip taken by District students to any location away from the student’s school.” “Field trips are a very important part of the instructional program of the district. Purposeful, well-organized and properly supervised travel experiences enable students to discover new worlds, stimulate interest in further learning, increase cultural awareness and bring historical events to life.”

**\* - For high school and middle school athletic/competitive activities different forms are required, please see your school principal or athletic director.**

All of the following required forms may be accessed on the District Two Benefits website under the heading Benefit Forms

### Field Trip Categories

<u>Forms</u>	Local field trips (within El Paso County only)	Field trips (outside El Paso County)	Field trips out of state or country
<b>Field Trip Approval Form (completed by teacher scheduling event)</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Standard Field Trip Permission (Students’ parent/guardian completes)</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Parental Field Trip Reminder Slip (Sent home to parent/guardian for them to keep)</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Health Insurance and Medical Information (Students’ parent/guardian completes)</b>	<b>Not Needed</b>	<b>X</b>	<b>X</b>
<b>Parent/Guardian Consent for Emergency Treatment (Students’ parent/guardian completes)</b>	<b>Not Needed</b>	<b>X</b>	<b>X</b>
<b>Durable Power of Attorney for Medical Care (Students’ parent/guardian completes)</b>	<b>Not Needed</b>	<b>Not Needed</b>	<b>X</b>

**Submit the field trip notification/authorization form to the Principal at least 10 working days prior to the field trip.**

**STAFF CHECKLIST FOR HARRISON SCHOOL DISTRICT TWO APPROVED FIELD TRIPS**

	<b>Steps</b>	<b>Notes</b>
<input type="checkbox"/>	<p><b>Building Staff Impacted:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Substitutes</b>-Inform School Secretary to identify the date(s) that a substitute(s) will be needed.</li> <li><input type="checkbox"/> <b>Nurse</b>-Notify nurse 2 weeks prior to field trip to ensure students needing medication are covered.</li> <li><input type="checkbox"/> <b>Cafeteria</b> – Notify cafeteria 2 weeks prior to field trip.</li> <li><input type="checkbox"/> <b>Specials teachers/interventionists</b>-Notify 1 week in advance.</li> <li><input type="checkbox"/> Turn in money to office with student checklist of who has paid.</li> <li><input type="checkbox"/> Get a class list with emergency contact information. One copy for the bus driver, one copy for the teacher.</li> </ul>	
<input type="checkbox"/>	<p><b>Transportation.</b> Submit request for bus transportation to Transportation Department OR if utilizing private vehicles obtain authorization and necessary Motor Vehicle Record (MVR), proof of insurance and copies of driver’s licenses. (See District Policy EEAG.)</p>	
<input type="checkbox"/>	<p><b>Student Instruction.</b> Ensure students have been instructed on the guidelines, rules, and regulations, which will prevail during the excursion.</p>	
<input type="checkbox"/>	<p><b>Parental Approval.</b> Ensure parents have been informed concerning the demands of this specific excursion, and they have granted written permission. (The <b>Parent/Guardian Field Trip Permission Form</b> must be completed). If the field trip is outside of El Paso County, out of state or out of country then the <b>Parent/Guardian Consent to Emergency Treatment</b> must also be completed.</p>	
<input type="checkbox"/>	<p><b>Parental Reminder.</b> Send reminder to parents so they know the date, location, cost, and any additional information regarding the planned event.</p>	
<input type="checkbox"/>	<p><b>Health Records.</b> Ensure health records indicate that each pupil is physically able to participate. Parents have completed the <b>Health Insurance and Medical Information Form</b> (if applicable) providing the medical insurance information for each participating student.</p>	
<input type="checkbox"/>	<p><b>Emergency Medical Treatment.</b> Ensure parents have completed the <b>Parent/Guardian Consent for Emergency Treatment Form</b> (if applicable) granting permission for the teachers(s) in charge to hospitalize or have a student given emergency medical treatment. The <b>Durable Power of Attorney for Medical Care for Off Campus Trip</b> Form must be completed for our of state or out of country trips</p>	
<input type="checkbox"/>	<p><b>Emergency Preparation.</b> Ensure procedure in case of emergency (illness, accident, disciplinary problems or weather related) has been established. (Attach a copy).</p>	

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<input type="checkbox"/>	<b>Call Tree.</b> Create a “telephone tree” or other means of notifying parents in case of emergency has been established. (Attach a copy).	
<input type="checkbox"/>	<b>Disabled Students.</b> If disabled students are going to travel with the group, ensure that plans have been made to meet their special needs. (IEP or 504 Plan must accompany student and attach a copy to this form.)	
<input type="checkbox"/>	<b>Logistical Support.</b> Arrange for food and personal accommodations.	

### Planning Recommendation

For trips out of state or out of country, the person in charge should consider the travel insurance package that is available through a travel agent **and advise parents of this option in writing**. The travel insurance would provide protection for last minute trip cancellation. In addition, the travel insurance would provide some coverage for accidental injury treatment and serious health issue. The travel insurance would be in addition to the health coverage for each student. Also, all students and supervisors must possess a passport if traveling out of the country.

\_\_\_\_\_  
Person in Charge/Excursion Director's Signature      Date

\_\_\_\_\_  
Principal's Approval Signature      Date

**HARRISON SCHOOL DISTRICT TWO FIELD TRIP APPROVAL FORM**  
**(COMPLETED by Teacher/Sponsor scheduling event)**

Please complete the information requested below and submit to the Building Principal for approval. All overnight trips, out-of-state, and out-of-country travel requests must be approved by the Superintendent. All out-of-state trips requesting unallocated funding must have prior approval from the Board of Education. Submit application at least three (3) weeks before a planned Off Campus Trip.

School \_\_\_\_\_ Person in Charge \_\_\_\_\_ Today's Date \_\_\_\_\_

Group/Class/Club \_\_\_\_\_ Title of Activity \_\_\_\_\_  
(Attach a detailed itinerary including names, addresses and phone numbers of locations)

**Explain the Standards/Benchmarks being fulfilled on this trip:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Destination of Off Campus Trip \_\_\_\_\_  
City State Country (if applicable)

Departure Date \_\_\_\_\_ Time \_\_\_\_\_ Return Date \_\_\_\_\_ Time \_\_\_\_\_

Number of school days \_\_\_\_\_ Non-school days \_\_\_\_\_ Nights \_\_\_\_\_  
(if applicable)

Number of students going on trip: Female \_\_\_\_\_ Male \_\_\_\_\_ Total \_\_\_\_\_

(Once permission slips have been received from students, provide school office with a list of students participating including names, addresses and phone numbers. Note: Check "Guidelines for Harrison School District Two Approved Field Trips" to determine other documentation required depending on field trip category.)

\*\*Name and Title of Supervisors: \_\_\_\_\_  
\_\_\_\_\_

\*\*Name and Title of CPR/First Aid Trained Sponsors and Chaperones: \_\_\_\_\_  
\_\_\_\_\_

Describe the supervision to be provided throughout the trip: \_\_\_\_\_  
\_\_\_\_\_

The student is expected and the student has been instructed:

- A. To follow all school rules and district policies. (Although away from school, they are still considered mandatory and applicable during the Off Campus Trip.)
- B. To follow instructions given by supervisors.
- C. Comply with all laws and ordinances, including but not limited to those pertaining to prohibiting the possession or use of drugs or alcohol. **Possession or use of illegal drugs or alcohol or weapons is absolutely prohibited.**

\_\_\_\_\_  
Person in Charge/Excursion Director's Signature Date

\_\_\_\_\_  
Principal's Approval Signature Date

\_\_\_\_\_  
Superintendent's Approval Signature Date

\* ONLY IF OUT OF STATE OR OVERNIGHT

**Harrison School District Two Field Trip  
Parental/Guardian Permission Slip**  
(TOP SECTION TO DOTTED LINE to be COMPLETED by Teacher/Sponsor  
prior to being sent to parents)

School \_\_\_\_\_ Person in Charge \_\_\_\_\_ Today's Date \_\_\_\_\_  
Group/Class/Club \_\_\_\_\_ Date of Event \_\_\_\_\_  
Destination of Off Campus Trip \_\_\_\_\_  
City State Country (if applicable)

Date money/permission slip due to school \_\_\_\_\_ Cost of Field Trip (if applicable) \$ \_\_\_\_\_

(Parent/guardian to complete the remaining portion and return to school prior to date of event)

Contact Phone # of Parent Guardian: \_\_\_\_\_ ( ) Home ( ) Work ( ) Cell

I, (print name) \_\_\_\_\_ am the custodial parent and/or legal guardian of:

(print name of student) \_\_\_\_\_

I give my permission for the student to participate in the scheduled field trip listed above.

**I, (print name) \_\_\_\_\_ plan to attend the field trip as a parent volunteer with my child and understand that younger children/siblings are NOT allowed to attend with me.**

**What about insurance?**

I understand that the School District is not responsible for insuring me or the student with regard to the student's participation in the activity or any fund raising event associated with the activity. I am responsible for obtaining any medical, accident, or other insurance that I may deem appropriate.

**Is the School District responsible for damages or injuries that may occur during the activity?**

By signing this form, on behalf of myself, the student, and our family and representatives, I release, indemnify, and hold harmless the School District and its employees from and against all claims for damages or injuries involving the student which occur as a result of the student's own misconduct, the actions or omissions of third parties, or which relate to property which is not owned by the School District. I understand that for purposes of this Form, the term "employees" includes the School District's directors, employees, servants, and volunteers.

I understand that the School District and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the activity or any fund raising event associated with the activity, and that the School District and its employees have not waived these protections and immunities.

**I acknowledge that I have read and understand this Permission Form. (Read carefully before signing)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian

\_\_\_\_\_  
Address, City/State/Zip

\_\_\_\_\_  
Emergency Contact: Name & Phone

\_\_\_\_\_  
Work Phone / Home Phone

**Harrison School District Two Field Trip “Reminder Slip” for Parents**  
(To be COMPLETED by Teacher/Sponsor and sent home to parent/guardian)

School \_\_\_\_\_ Person in Charge \_\_\_\_\_ Today’s Date \_\_\_\_\_

Group/Class/Club \_\_\_\_\_ Date of Event \_\_\_\_\_

Destination of Off Campus Trip \_\_\_\_\_  
\_\_\_\_\_

City	State	Country (if applicable)
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**Date money/permission slip due to school** \_\_\_\_\_ **Cost of Field Trip (if applicable) \$** \_\_\_\_\_

The class will depart the school at \_\_\_\_\_ and return at \_\_\_\_\_.

Additional information parents need to be aware of:

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**Harrison School District Two Health Insurance and Medical Information**  
**(TOP SECTION TO DOTTED LINE to be COMPLETED by Teacher/Sponsor**  
**prior to being sent to parents)**

School \_\_\_\_\_ Today's Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Event \_\_\_\_\_

Destination of Off Campus Trip \_\_\_\_\_  
City State Country (if applicable)

**(Parent/guardian to complete the remaining portion and returned to school prior to date of event)**

Name of Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Name of Insured (Subscriber) \_\_\_\_\_

Insurance company's policy for obtaining treatment outside of the area or state.

Does the insurance company require a certain form to be filled out in case of an emergency?  
Yes \_\_\_ No \_\_\_ If yes, please provide the school with a copy of the form prior to departure.

Please attach a copy (Front & Back) of the subscriber identification card on the above policy to this form.

\_\_\_\_\_  
Custodial Parent/Legal Guardian Signature/

\_\_\_\_\_  
Date

**MEDICAL INFORMATION**

Name of Doctor \_\_\_\_\_ Phone (Day) \_\_\_\_\_

Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_

List all medications the student will bring or be required to take while on the above trip and specific written instructions, from the physician, for administration of any medication. ANY MEDICATION MUST REMAIN IN ITS ORIGINAL CONTAINER.

List any allergies, medical conditions or other conditions regarding the student's health which the staff might need to know about.

**Please understand that District Two personnel cannot, by law, administer or provide any medications to your child without your permission and a physician's direction. Any and all authorized medication must be provided by you. District personnel will not provide medication of any kind. This includes non-prescription drugs such as Tylenol, cough syrup, antihistamines, antiseptics, etc. Please plan accordingly.**

**CONTINUED ON BACK**

# Parent/Guardian Consent for Emergency Treatment

STUDENT'S NAME: \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

PARENT'S OR GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

HOSPITAL PREFERENCE/REQUIREMENT BY INSURANCE: \_\_\_\_\_

EMERGENCY NUMBER IF NOT AT HOME/WORK/OR BY CELL: \_\_\_\_\_

Please list any significant health problems that might be critical to a physician evaluating your child in case of an emergency:

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

Please list any allergies to medications, etc.

\_\_\_\_\_

Has student been prescribed an inhaler or epi-pen?  YES  NO

Is student presently taking medication?  YES  NO

If yes, what type? \_\_\_\_\_

Does student wear contact lenses?  YES  NO

Please list date of last tetanus shot: \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give my consent for any of the named individuals listed below to contract emergency transportation, including, but not limited to, an ambulance for the above named in the event of an accident or injury if determined necessary by District or emergency medical personnel. Additionally, I hereby give permission to the physician, event sponsor, teacher, school representative, and other qualified medical providers to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above during all periods of time in which the student is away from his/her legal residence as a member of the group participating in the event. I further agree to be financially responsible for any costs or liability for any and all medical treatment and emergency transportation (i.e. ambulances); even if my insurance does not cover the claim, and understand that any cost(s) will not be the responsibility of Harrison School District Two. I hereby waive on behalf of myself and the above named child any liability of Harrison School District Two, or any of its agents or employees, arising out of such medical treatment or costs associated with it. I certify that all the above information is correct.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_



**Harrison School District Two**  
**Durable Power of Attorney for Medical Care for Off Campus Trip**

I/We, \_\_\_\_\_ and \_\_\_\_\_ (parents or legal guardians) are legal residents of

\_\_\_\_\_ (address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code)

or (if in the U.S. Military) presently stationed at \_\_\_\_\_ appoint \_\_\_\_\_

whose address is \_\_\_\_\_

\_\_\_\_\_ (address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code)

as my/our Attorney-in-Fact and grant unto my/our Attorney-in-Fact the power and authority to authorize and/or consent to emergency medical and/or surgical treatment in a licensed hospital by a duly-licensed physician for the health and well-being of my/our child, \_\_\_\_\_ (child's full name), should my/our child's condition require it in my/our absence. I/We understand that in such a case, my/our Attorney-in-Fact will make reasonable attempts to contact me/us before authorizing and/or consenting to emergency medical and surgical treatment, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation by my/our Attorney-in-Fact is in accordance with generally accepted standards of medical practice in the area for the particular type of injury or illness involved, I/we impose no specific prohibitions regarding treatment unless stated specifically here below (if none, so state).

I/We authorize my/our Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I/we could effect if personally present. Any act or thing lawfully done hereunder by my/our Attorney-in-Fact shall be binding upon me/us and my/our heirs, legal and personal representatives, and assigns. I/We hold my/our Attorney-in-Fact harmless against any and all claims for following this Durable Power of Attorney for Medical Care for Off Campus Trip ("Power of Attorney").

All business, care, or treatment authorized, consented to, or transacted hereunder for me/us for my/our account shall be authorized, consented to, or transacted in my/our name, and that all endorsements and instruments executed by my/our Attorney-in-Fact for the purpose of carrying out the foregoing powers, shall contain my/our name, followed by that of my/our Attorney-in-Fact with the designation "Attorney-in-Fact."

My/Our Attorney-in-Fact will incur no personal financial liability for acting in accordance with this Power of Attorney. The Attorney-in-Fact shall not be entitled to compensation for services performed under this Power of Attorney, but the Attorney-in-Fact shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out the provisions set forth in this Power of Attorney.

This Power of Attorney is intended to be valid in any jurisdiction, whether domestic or international, in which it is presented. The provisions of this Power of Attorney are separable, so that the invalidity of one or more provisions shall not affect any others. A copy of this Power of Attorney shall be as valid as the original.

This Power of Attorney shall be effective as of: \_\_\_\_\_, 20\_\_\_\_, and shall become null and void at the conclusion of the Off Campus Trip, and in no event no later than \_\_\_\_\_, 20\_\_\_\_, unless sooner revoked or terminated by me/us.

**BOTH PARENTS AND/OR LEGAL GUARDIANS OF THE AFOREMENTIONED CHILD MUST SIGN, IF APPLICABLE.**

\_\_\_\_\_  
Signature of Parent and/or Legal Guardian

\_\_\_\_\_  
Signature of Parent and/or Legal Guardian

Subscribed and sworn to me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, in the State of Colorado, County of \_\_\_\_\_.

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, in the State of Colorado, County of \_\_\_\_\_.

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_