



Field Trip Checklist

Teacher's name: _____ Date of trip: _____

Destination: _____

File forms at least seven weeks in advance.

- field trip form (in duplicate)
- leave of absence form
- information being sent home
- supporting data

Reserve buses by contacting _____

Check with Main Office calendar for potential conflicts with school related activities.

Notify nurse as soon as date has been established.

Do any students require nursing chaperone? **If yes, notify nurse ASAP** so chaperone can be reserved.

Collect necessary equipment, instructions, medications, walkie-talkies (when available), and emergency contact information.

Distribute and collect permission slips and money.

- Parent/guardian permission and call for chaperones
- Faculty (and coach when appropriate) permission
- Fees (make checks payable to: Swampscott Public Schools)
- If scholarships are needed, see principal.

Solicit appropriate number of chaperones. Recommended ratio: 1:10. Check with destination to make sure they do not require a different ratio.

Notify all TEACHERS, OFFICE STAFF, NURSE and CAFETERIA (including coaches when appropriate) at least (1) one week in advance. Drop note in teachers' mailboxes.

Communicate in morning announcements (1) one day in advance.

Review all procedures, assignments and expectations with students.

Appropriate behavior (review Blue Card and/or School Based Code of Conduct)

Appropriate dress (review Blue Card and/or School Based Code of Conduct)

Prepare alternative assignments and accommodations for any/all student(s) not attending the trip.

Send Thank you notes to chaperones.

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Request for Approval of Field Trip

Must be submitted in DUPLICATE at least SIX WEEKS IN ADVANCE

Teacher: _____ School: _____

Grade: _____ No. of students: _____

No. of chaperones: _____

Emergency telephone numbers: _____

Date of trip: _____

Time of trip: From: _____ To: _____

Destination: _____

Address: _____

Telephone number/contact person at site: _____

Connection to grad/course Specific Massachusetts State Standards. Please include the standards and the codes as delineated in the latest MA Curriculum Framework: Add additional sheet if necessary.

Curriculum Relevance (describe the Unit of study): Add additional sheet if necessary.

Connections/Follow-up (Include activities and assessments): Add additional sheet if necessary.

Plan to travel by: Walking Bus Train Airplane

Teacher/Chaperone must always be present with students on bus/train/airplane.

Cost per person: _____ * Funding source: _____

(*not to exceed \$25 Field trips requiring higher costs must be previously approved by the Dir. of Curr.)

APPROVALS:

Principal: Approve/Deny _____

Date: _____

Director of Curriculum or Superintendent: Approve/deny _____

Date: _____

Process:

- a. Teacher completes all steps on the Field Trip Checklist
- b. Teacher submits forms to building principal seven (7) weeks in advance
- c. Principal submits forms to Superintendent's Office six (6) weeks in advance
- d. Superintendent's Office returns approvals/denials four (4) weeks in advance



Planning the Trip

FIELD TRIPS MUST BE CONNECTED TO THE CURRICULUM AND USED AS AN EXTENSION OF CLASSROOM LEARNING IN A STANDARDS BASED ENVIRONMENT.

Make certain in planning the field trip that you find out as much as you can before the decision-making begins. Visit the site beforehand if you can, and if it could assist in your planning.

Inquiry about numbers that can be conveniently handled, number of students per chaperone, availability of lavatories, refreshment facilities, etc. These should all be considered for inclusion in a duplicated notice to be given to each student and discussed fully in each participating class the day before the trip.

Rules of behavior and specific facts about the place to be visited along with the hoped for and expected results of the visit should likewise be stated in the notice.

Field trips are part of our in-school purpose to provide education. As such, they should be directly relevant to the instructional program and that relationship should be spelled out in the duplicated notice which is discussed with the children and then goes home to the parent. This notice, incidentally, can be put right on the back of the pre-printed permission forms.

Certain field trips have been over-done. Efforts should continue to select new and different experiences than the majority of children have had before. Field trips may also be conducted after school or on the weekend in order to prevent the disruption of the educational process.

Supervision and Chaperones

It should be accepted as a rule-of-thumb that the larger the group involved, the more difficult the problem of managing. All chaperones should have a recent CORI on file in the Superintendent's Office. A definite number of chaperones should be agreed upon and required for each field trip. A rule of thumb is 10 children to 1 chaperone. The proper number of chaperones must be secured well before the day of the trip. Chaperones, other than professional staff and student teachers, are to be at least 21 years old - this applies also to brothers, sisters, and other relatives of student participants. Parents and other adults are not to be accompanied by young family members requiring substantial supervision since the chaperone's full attention should be given to the students participating in the field trip. Non-teacher chaperones are expected to discipline students and to accept responsibility under the direct supervision of the teacher for assisting in maintaining effective control.

Specific students are to be assigned to a specific chaperone, and students are to be required to remain under the direct supervision and in full view of the chaperone unless instructed to do otherwise.

Safety must always be an overriding concern in determining who goes, where we go, how we get there, and what control measures are needed.

Conditions for Student Participation

The Conduct and Discipline Code of the Swampscott Public Schools authorizes school authorities to deny permission for certain students to attend field trips.

- *EACH CHILD MUST SUBMIT BOTH THE PARENT PERMISSION FORM AS WELL AS THE PERMISSION OF THEIR CLASSROOM TEACHERS (SECONDARY LEVEL) IN ORDER TO PARTICIPATE IN THE FIELD TRIP*

Students whose behavior consistently does not meet reasonable standards during the school year up to the actual date of the trip will not be permitted to go on the field trip. Their parents are to be notified that they are not going to go.

Suitable arrangements must be made to provide in-school instruction to such students as well as to those who do not choose to attend. The teachers are responsible for making these arrangements and notifying building principals.

In regard to this general area of exclusion from field trips, however, we should allow some leeway if a student who had committed a serious violation or behaved unacceptably subsequently mends his/her way and gives good evidence of improved behavior and dependability. The procedures stated above are mandatory with respect to each trip.

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Field Trip Permission Slip

(Teacher provide the name, location, time, date, dining arrangements in the following space)

The cost of the trip is: _____

Make checks payable to: _____
(If blank, Swampscott Public Schools)

Deadline for payment is: _____

Return the lower portion of this form to (teacher name) _____

I, _____, parent/guardian of _____ give permission to my son/daughter to attend the following field trip: _____.

- I understand that my son/daughter is expected to follow all the school rules and regulations as outlined in the Blue Card and/or School Committee Policy or School Based Rules.
- I hereby release all employees and agents of the Swampscott Public Schools from liability; and, assign harmless and indemnify each of them for any claim, judgment, or expense related to any alleged damages.
- Please be aware of the following medical or other specific needs of my child:

Name of Student

Address

Primary cell phone contact during the trip
(Include name/relationship to student/phone number)

Secondary cell phone contact
(Include name/relationship/phone)

Parent/Guardian signature

Date



CLASSROOM TEACHERS
PERMISSION FOR STUDENT TO ATTEND FIELD TRIP
(Secondary Schools Only)

Name of Student: _____

Description of Field Trip: _____

Teacher Sponsoring Trip: _____

PERIOD	TEACHER	SUBJECT	YES/NO	REASON
A				
B				
C				
D				
E				
F				
G				
After School Activity	Coach/Advisor			



Permission for Student Transportation in a Private Vehicle

If required

I, _____, as parent/legal guardian of _____
(Parent/Legal Guardian) (Student Name)
grant permission for my son/daughter to leave school on _____ at _____
(Date) (Time)
to travel to _____ for the purpose of _____
(Destination) (Purpose)

Please initial *one or more* of the following choices, as applicable, if you give permission for your son/daughter to be transported in a private vehicle.

_____ I give my permission for my son/daughter to be transported by a student driver.

_____ I give my permission for my son/daughter to be transported by a Swampscott Public School staff member.

_____ I give my permission for my son/daughter to be transported by a parent.

The parent driving will be subject to the same safety and security measures as the school employee per school policy, EEAG.

Please initial the following choice if you **DO NOT** give permission for your son/daughter to be transported in a private vehicle.

_____ I **DO NOT** give my permission for my son/daughter to be transported by a student driver or by a Swampscott Public School staff member or by a parent and will arrange transportation myself.

Please initial only one the following choices if you give permission for your son/daughter to drive.

_____ I grant permission for my son/daughter to transport other students in our vehicle.

By signing below I acknowledge that my child is lawfully able to transport other minor passengers under the terms of his/her MA driver's license and the vehicle he/she is driving has a current registration and complete vehicular and personal liability coverage.

_____ I grant permission for my son/daughter to transport only him/herself.

(Signature Parent/Legal Guardian)

(Print Parent/Legal Guardian)

(Date)



Authorization for Transportation in a Private Vehicle

Pursuant to School Committee Policy EEAG, Student Transportation in Private Vehicles, by signing this statement I confirm that I have given proof to the Superintendent's Office of a valid driver's license and confirm that I have a current vehicle registration for the vehicle being used for transportation and complete vehicle and personal liability insurance coverage on the vehicle. I verify that I have also completed the requisite background check to provide student transportation.

This form will be used for travel to:

_____ for the purpose of _____
(Destination) (Purpose)

on _____
(Date)

(Signature) (Print Name) (Date)

FOR OFFICE USE ONLY

THE FOLLOWING HAVE BEEN PROVIDED TO THE SUPERINTENDENT'S OFFICE OR COMPLETED IN ACCORDANCE WITH THE EEAG TRANSPORTATION IN PRIVATE VEHICLE POLICY

- Copy of valid driver's license
- Current vehicle registration for the vehicle being used for transportation
- Copy of current insurance policy demonstrating complete vehicle and personal liability coverage
- Criminal background check completed
- Completed Waiver Form (if applicable)

(Staff Signature) (Print Staff Name) (Date)



Out of State Travel Form
Field Trip Parental/Student Consent
Release from Liability and Indemnity Agreement

I/We, the undersigned parent/guardian/legal representative of _____
(Student name)

do hereby consent to his/her participation in _____ on _____
(Field Trip) *(Date(S))*

and in consideration of his/her being permitted participate, I/We on behalf of myself, my heirs, my agents, my representatives, and on behalf of _____ do forever RELEASE, acquit, discharge,
(Student name)

and covenant to hold harmless and indemnify, the Town of Swampscott, and their employees, servants and agents, as well as the Swampscott School Committee, its former and current members, and its employees, servants and agents, from any and all actions, rights of action, causes of action, charges, and/or claims, in any way related to, rising from and/or growing out of, directly or indirectly, all known or unknown personal injuries or property damage or death, which I/we may now or hereafter have as the parent/guardian/legal representative of said minor, as well as any actions, rights of action, causes of action, charges, and/or claims which said minor has or hereafter may acquire, either before or after he/she reaches the age of majority, resulting from, relating to, or in any way connected to, his/her participation in extracurricular activities and/or field trips run by, sponsored by or related to Swampscott School District.

In addition, I/we, as parent(s)/guardian(s)/legal representative of said minor, agree to indemnify the Town of Swampscott and their employees, servants and agents, as well as the Swampscott School Committee, its former and current members, and its employees, servants and agents, in the event that any action, charge, and/or claim, is brought against the foregoing, which is in any way related to, arising from and/or growing out of, directly or indirectly, my son/daughter's participation in extra-curricular activities and/or field trips run by, sponsored by or related to the Swampscott School District.

N.B. Re: Out of state travel

This Parental/Student Consent Release from Liability and Indemnity Agreement relates specifically to a trip out of the state of Massachusetts. In entering this Agreement, parent and student acknowledge that they are aware of the risks of out of state travel and have been informed by the school department that decisions with respect to such travel are up to each parent and student. Parents and students have been advised to avail themselves of advice and information from the Office of the U.S. Secretary of State.

Parent/Guardian Signature

Date

Student Signature

Date

SWAMPSCOTT PUBLIC SCHOOLS



AUTHORIZATION, LIMITED POWER OF ATTORNEY AND CONSENT OF PARENT /LEGAL GUARDIAN TO PROVIDE MEDICAL ATTENTION Out of State Travel (only)

Minor Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Female _____ Male _____ Non-Binary _____

Information for Medical Treatment

Physician's Name and Location of Practice: _____

Physician's Phone # (if known): _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note all conditions for which the student is currently receiving treatment:

Note any other significant medical information:

I, _____, do hereby authorize _____ to act as
Parent/Guardian *Teacher/Chaperone*

temporary legal guardian of my minor son/daughter, _____, holder of United States passport
number _____, during his/her forthcoming trip to _____.
Location of trip

authorization is given to _____
Teacher/Chaperone

so that she/he may take appropriate actions to ensure the welfare of my son/daughter, and it shall include, but not be limited to, the power to make decisions for my minor son/daughter with respect to all matters pertaining to the conduct of said trip, including but not limited to, decisions pertaining to travel itineraries, program activities and schedules, educational and recreational activities, lodging and meals, and health and safety.

In case of a medical emergency involving my son/daughter, I specifically authorize _____
Teacher/Chaperone

To make decisions relative to my child's treatment and care. I grant my authorization and consent for her/him to administer general first aid treatment for any minor injuries or illnesses experienced by my child. If the injury or illness is life threatening or in need of emergency treatment, I authorize _____ to
Teacher/Chaperone

summon any and all professional emergency personnel to attend, transport, and treat my child and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed hospital, or other medical professional or institution duly licensed to practice in the country in which such treatment is to occur. It is understood that I will reimburse _____ and/or her/his designees for any expenses she and/or they may incur in connection with such medical treatment and care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of _____ to exercise of her best judgment upon the advice of any such medical or emergency personnel.

Teacher/Chaperone

Teacher/Chaperone

This authorization shall enter into effect on _____, and shall end on _____, except that it shall be automatically extended beyond _____, in case of travel delays, and shall in any case not end until I or my designee has reassumed physical custody of my son/daughter. This authorization shall be valid within the United States as well as in international territory and in other nations, including but not limited to _____ and the _____.

Start date of trip

Last date of trip

Last expected date of trip

Continent

Location of trip

Signature: _____
(Parent/Guardian)

Date: _____

COMMONWEALTH OF MASSACHUSETTS:

COUNTY OF:

SS:

On this _____ day of _____, Two Thousand and Seventeen before me, the subscriber, personally appeared _____ to me personally known and known to me to be the same person described in and who executed the within Instrument, and he/she acknowledged to me that he/she executed the same.

Notary Public



**RELEASE OF CLAIMS, INDEMNITY AND
HOLD HARMLESS AGREEMENT
WAIVER FOR OUT OF STATE TRAVEL**

I, the undersigned, _____ do volunteer to participate in Swampscott Public School's
[Insert your name]
programs, including, but not limited to, assisting with student trips, participating, leading, or instructing student clubs, and transportation to/from and attendance at student events.

I agree to forever release the Swampscott Public Schools and its employees, officials, agents, school committee members, volunteers and any and all individuals assisting with its clubs, field trips or athletic programs (the "Releases") from any and all claims, rights of action, causes of action, damages, costs, compensation and attorneys' fees, that may have arisen in the past, or may arise in the future, directly or indirectly, from damages or personal injuries to _____ resulting from my voluntary participation in any
[Insert your name]
Swampscott Public Schools related event.

I hereby further acknowledge that the Releases are not responsible for any damage or personal injury to any participants who decide to be transported to any school event, which is my sole decision. By signing below, I hereby agree to forever release and hold harmless the Releases from any and all claims, right of action, causes of action, damages, costs, compensation and attorneys' fees, that may have arisen in the past, or may arise in the future, directly or indirectly, from damages or personal injuries that result from my voluntary participation and my voluntary decision to be transported to any school related event or activity.

I also promise to indemnify, defend and hold harmless the Releases on behalf of myself against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries or damage to any property resulting from my participation in any Swampscott Public Schools related activity, event or program including any programs and competitions that are being run outside of the Swampscott School District. I also promise to fully reimburse the Releases for any loss or damage as a result of my involvement in said programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that participation in a Swampscott Public Schools' program or activity, and any associated transportation, is entirely voluntary and that I am free to choose not to participate in said program(s). By signing this form, I authorize my voluntary participation in the Swampscott Public Schools' programs with full knowledge that the Releases will not be liable for any damage or injuries resulting from my participation in these programs.

Signature: _____

Please print name: _____