

**Student Field Trip Request Forms**

**LOCAL/ONE DAY TRIP REQUEST**

This form must be completed at the school level **for all field trip requests**. Overnight and out-of-state field trips requests must be submitted to the Board of Education for approval. All other field trip requests may be approved by the Superintendent or designee. **Refer to 09.36 AP.1 attached for requirements.**

**FIELD TRIP REQUEST FORM**

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

School phone number and extension: \_\_\_\_\_

Best time to contact by phone: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

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

**Date of trip:** \_\_\_\_\_

**Departure time:** \_\_\_\_\_

**Return time:** \_\_\_\_\_

Classes involved: \_\_\_\_\_

Total number of students participating: \_\_\_\_\_

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**TRANSPORTATION**

- We are requesting to travel by school bus and will complete the appropriate bus request forms.
- \*We are requesting to travel by common carrier (charter bus) and have the appropriate documentation attached to this request.
- \*We are requesting to travel by air, rail, or sea services and have attached the appropriate documentation.

*\* See attached procedures.*

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**SUPERVISION**

Supervision requirements:

Elementary/JELV - 8 students to 1 adult

Middle and High School - 12 students to 1 adults

Note: If this is an overnight trip request and there are students of both genders participating, chaperones of both genders are required. The sponsor is included in the supervision ratio and may be counted to meet gender requirements.

**DAY TRIP:**

Number of chaperones participating: \_\_\_\_\_

Names:


*\*May use additional pages if necessary*

**Student Field Trip Request Forms****LOCAL/ONE DAY TRIP REQUEST****PARENT APPROVAL AND COMMUNICATION**

Parents are to be informed of the nature of the trip, the approximate departure and return times, means of transportation, and any other relevant information. Parents must give approval for students to participate in school-sponsored trips.

For overnight travel, a printed itinerary that includes all events, times, and locations and the hotel/motel name, address, and phone number must be distributed to parents prior to travel. The same document must include all student rules for travel including specific instructions regarding behavior and decorum and a statement that the District Code of Conduct is in effect at all times while traveling.

In addition, all students participating in overnight travel must return the signature page of the District overnight travel procedure that will include both student and parent signatures indicating agreement to abide by these rules. (See travel procedure attached.)

**SPONSOR ACKNOWLEDGEMENT OF RESPONSIBILITY**

Trip Sponsors: Please check that you accept the required responsibility for acquiring student and parent signatures on both a general permission slip and the District overnight travel procedures document.

- I will require the return of student and parent signatures as directed by District oversight travel procedures in advance of travel. I understand that no student may participate in overnight travel without these signatures being returned.

**MEDICAL SUPERVISION**

**ATTENTION: This portion of the request must be completed before presentation for consideration by the Principal. The Principal will ensure that, if required, properly trained personnel are assigned to this field trip as indicated below.**

- There are student(s) diagnosed with conditions that may require emergency dispensing of medication participating in this field trip. (Trained employee required as described below.)
- It is possible that student(s) diagnosed with conditions that may require emergency dispensing of medication will be participating in this field trip. (Trained employee required as described below.)
- There are **NO** students participating that will require emergency dispensing of medication. (Trained employee not required.)

**Please review carefully:**

As per state law, if a student may potentially require the administration of emergency medication such as Glucagon, EpiPen, or Insulin injections, it is the direct responsibility of the sponsor/head coach to ensure that trained personnel are present and available to administer required medications at any time while under school supervision.

*Trained school personnel* shall be defined as those employees that have successfully completed on an annual basis the KDE approved Medication Administration Training Course administered through the Jessamine County Schools Health Coordinator.

**The following employee has completed District Medication Administration Training and will be designated to secure and administer medications, both regularly and in case of emergency, for the duration of the field trip:**

\_\_\_\_\_

*Name of Trained Employee*

\_\_\_\_\_

*Date of Training*

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**CONNECTIONS TO LEARNING**

If this is an instructional field, please indicate the related core content elements that are addressed:

How will student learning be assessed?

If this is an affiliated activity (KMEA, BETA, FFA, etc.) please indicate the governing body and the qualifications that our students met in order to participate.

Are there non-academic benefits of this trip for students?

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**FIELD TRIP APPROVAL DOCUMENTATION**

**SCHOOL APPROVAL**

All Field Trips

**APPROVED**

**NOT APPROVED**

Principal's signature: \_\_\_\_\_  Accept this as my authorized signature Date: \_\_\_\_\_

This is an overnight travel request and I affirm that the trip sponsor is meeting all requirements of the overnight travel procedures including procuring proper permissions and acknowledgement of travel rules.

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**SUPERINTENDENT APPROVAL**

All Field Trips

Approved  Not Approved

Supt/Designee signature: \_\_\_\_\_  Accept this as my authorized signature Date: \_\_\_\_\_

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**BOARD APPROVAL**

Overnight and/or any Out-of-state Travel

Approved  Not Approved

Board Chair signature: \_\_\_\_\_  Accept this as my authorized signature Date: \_\_\_\_\_

Superintendent signature: \_\_\_\_\_  Accept this as my authorized signature Date: \_\_\_\_\_

Board approval #: \_\_\_\_\_

List any special conditions for approval/reasons for non-approval:

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