*The school system approves overnight field trips on a case-by-case basis. The teacher, school, and school system are responsible for the health and safety of the students twenty-four hours each day when such a trip is taken. The checklist below will provide guidance and organization to school teams or teachers to plan a safe and orderly field trip experience.*

**Field Trip Policy and Procedures**

* [Harford County Public Schools Field Trip Procedures](https://hcps365.sharepoint.com/sites/Administration/AdministrativeProcedures/Administrative%20Procedures/Field%20Trip%20Procedures.pdf#search=field%20trip%20procedures)
* [Harford County Public Schools Distribution of Information Regarding Trips](http://www.hcps.org/boe/PoliciesProcedures/docs/School_Management/Distribution%20of%20Information%20Regarding%20Trips.pdf)
* [Harford County Public Schools Ethics Policy](http://www.hcps.org/boe/PoliciesProcedures/docs/Ethics/0001-000%20Ethics.pdf)
* [Harford County Public Schools Statement of Ethics](http://www.hcps.org/boe/PoliciesProcedures/docs/Ethics/0002-000%20Statement%20of%20Ethics.pdf)

**Pre-Trip Planning**

* [Overnight Field Trip Approval Form & Record](#overnightapproval) has been completed and approved by all required on the form. It is recommended that this be completed *two months* prior to travel.
* Offices of Risk management and the General Counsel must approve field trip vendor contracts and vendor forms intended for students. No waivers permitted.
* Master Calendar cleared and notated.
* Field trip destination/activities secured.
* Field Trip Transportation forms submitted to the Office of Transportation after trip is approved by Principal. (Approved forms of transportation: Commercial Flight, Train, Bus; School Bus; Charter Bus; Airport Shuttle; Taxi).
* For charter bus trips, Certificate of Insurance is confirmed on file in the Office of Transportation or obtained to include:
1. General Liability Coverage listed with $5 million limit (can include umbrella);
2. Auto Liability Coverage & Limits with $5 million limit;
3. Worker’s Compensation Coverage; and
4. The Board of Education of Harford County listed as named additional insured.
* Field trip accommodations secured.
* Payment accepted in check or money order only. Method of payment planned and communicated with students, parents and administration.
* Fundraisers approved by Principals.
* [**Overnight Field Trip Medical and Emergency Information**](https://hcps365.sharepoint.com/sites/StudentServices/HealthServices/Shared%20Documents/Overnight%20Field%20Trip%20Medical%20and%20Emergency%20Information%20Form13-14.pdf)and[**Overnight Field Trip Medication Policy and Permission**](https://hcps365.sharepoint.com/sites/StudentServices/HealthServices/Shared%20Documents/Overnight%20Field%20Trip%20Medication%20Policy%20and%20Permission.pdf)form distributed and obtained from students
* Where applicable, “permission for students to carry/self-administer medications” distributed and obtained from students.
* If travelling out of country, consent forms for international travel distributed, copies of passports obtained, international health insurance for students verified, and the trip has been registered with the local US Embassy via the State Department’s Smart Traveler Enrollment Program.
* School Nurse notified of trip to prepare medical directions who require medical considerations or medication disbursement.
* [Overnight Field Trip Permission Form](#overnightperm) completed, approved, and distributed. Slip should include:
* Exact destination;
* Nature of the activity;
* Estimated departure and return times;
* Mode of transportation being used (school/coach bus);
* Cost to student (trip, lunch, gift shop, etc.) and option to receive bagged lunch if necessary (free/reduced student participants);
* Mode of supervision (teacher, parent volunteers, other);
* Stated relationship to the curriculum;
* Space for parents/guardians to provide health and emergency contact information;
* Space for student health insurance information;
* Emergency contact phone number the day of the trip;
* Acknowledgment of voluntary activity, Code of Conduct, private vehicle liability
* Request for Chaperones, if needed; and
* Forms may indicate sponsorship of trip (i.e. PTA), but cannot be addressed under the direction of the sponsoring organization. All letters, communication, and authority regarding field trips are communicated through the school.
* [Overnight Chaperone Agreement Form](#overnightchaper) signed.

**Week prior to the Trip**

* Review emergency action plans specific to this field trip.
* List of students attending to administration
* Method of emergency communication planned and communicated (i.e. phone chain, text app, etc.)
* Confirmation call to field trip destination and/or field trip vendor.
* Confirmation call to hotel accommodations to ensure X-rated TV blocked and courtesy bars locked.
* Plan and communicate procedures to guard against drugs, alcohol, and tobacco.
* Inform and pick up medication from nurse. ***Teacher(s) will also need training by the nurse on how to administer any medications.***
* Chaperone list to principal or principal’s designee.
* Send Chris Wertz in Purchasing, a signed copy of the overnight field trip form and the overnight field trip permission form signed by each parent.
* Package for each chaperone, to include:
* List of students for which he/she is responsible;
* Typed itinerary;
* Contact phone number for teacher in charge of field trip; and
* Reminder card outlining chaperone responsibilities *including* hotel responsibilities.
* Students instructed to arrange missed work where applicable.

|  |  |  |
| --- | --- | --- |
| School |  | Click here to enter text. |
| Today’s Date |  | Click here to enter text. |
| Proposed Dates of Trip |  | Click here to enter text. |
| Sponsoring Organization/Class |  | Click here to enter text. |
| Teacher Contact |  | Click here to enter text. |

Field Trip Information

[**Destination(s)**](https://hcps365.sharepoint.com/sites/CurriculumandInstruction/GeneralCurriculumCommittee/Field%20Trips/_layouts/15/WopiFrame.aspx?sourcedoc=%7bBD15B4EB-197D-4431-8D85-D9420646A184%7d&file=Approved%20List%20of%20Field%20Trips.docx&action=default) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Itinerary Attached

Hotel Accommodations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Travel Agent/ Vendor**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Risk management and the office of the general counsel have approved field trip vendor contracts. Contracts attached.
* Risk management has approved field trip vendor forms for students. Documents attached.

**Transportation** To/from destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During trip/at destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of transportation vendor(s) (airline, charter bus, taxi company, etc.)

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

* Certificate of insurance on file at Transportation or attached for charter bus including:
1. General Liability Coverage listed with $5 million limit (can include umbrella)

2.       Auto Liability Coverage & Limits with $5 million limit

3.       Worker’s Compensation Coverage

4.       The Board of Education of Harford County listed as named additional insured

**Trip Purpose and Objectives**

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

**Nature of Activities** (Include risk, and safety considerations)

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

* Planned Permission Slip Attached.

**Field Trip Costs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost** | **Per Student** | **Per Chaperone** | **School** | **Other Source** |
| Transportation |  |  |  |  |
| Meals |  |  |  |  |
| Accommodation |  |  |  |  |
| Insurance |  |  |  |  |
| Admittance Fees |  |  |  |  |
| Other |  |  |  |  |
| **Totals** |  |  |  |  |

Funding Sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Pursuant to the HCPS Ethics Policy, teachers and chaperones are not permitted to receive incentivized benefits including extra free trips before/after the field trip, free computer, iPad, or other incentives.*

**Additional Information**
 Please prepare and retain the following documents; does not need to be attached for approval.

[ ]  Medication Forms

[ ]  Chaperone Field Trip Form

[ ]  International Travel: Consent forms and copies of passports

**Approval:** *No communication to students or parents may occur until field trip is approved.*

 Approved Disapproved

Signature

 Authorized Representative Date

Signature

 Principal Date

Signature

 Content Area Supervisor Date

Please complete, sign, and return to your child’s teacher by INSERT RETURN DATE.

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to participate in the field trip to INSERT LOCATION. The nature of the activity includes travel and overnight accommodations, along with INSERT DESCRIPTION OF ACTIVITY. To travel for this trip, the following means of transportation will be utilized INSERT DESCRIPTION OF ALL TRANSPORTATION.

I understand and commit to the costs associated with this trip, which total INSERT FEE, and does not include spending money or incidental costs incurred by my child.

In the event of an emergency, please contact me at:

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event you cannot contact me, please contact the following person at the number provided.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health insurance information is required:

INSURANCE COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICY HOLDER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IND. POLICY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Signature Relationship to Child

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

Printed Parent/Guardian Name Date

**ACKNOWLEDGEMENT**

I understand that my child’s participation in this overnight field trip is voluntary and that there are risks involved in this participation that would be present for all types of physical activity. I acknowledge that neither protective equipment, safety rules, nor instruction will prevent all injuries. I will seek to communicate any concerns I have about this trip and ask questions as they arise. I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the HCPS policies/procedures, and to abide by all decisions made by teachers, staff, and those in authority. I agree that my child’s participation in this trip may at any time be terminated by HCPS in the light of my child’s failure to follow these rules, or for any reason deemed to be in the best interest of the safety/security of HCPS students/staff, and that my child may be sent home at my own expense. I understand that if I use my private vehicle to transport my child, I do so at my own risk. I understand the description of the overnight field trip and financial obligations communicated by the school.

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

Parent/Guardian Signature Date

|  |  |
| --- | --- |
| Name (as it appears on Driver’s License) | Address  |
| Trip Destination  | Student’s Name |
| Date(s) of Trip | Student’s Classroom/Homeroom Number |
| Address | Home Phone NumberCell Phone Number |

**RESPONSIBILITIES OF CHAPERONES**

*Congratulations, you have been selected as a field trip chaperone! The role of the field trip chaperone is to provide additional support to the instructional team in the supervision of students. Please read the following responsibilities, sign, and return to your child’s homeroom teacher by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

*You must agree to:*

Sign in at school prior to the field trip and sign out prior to leaving the school grounds. Chaperones need to be entered into the Visitor Management System prior to the field trip. If possible, please stop by the school to pre-register, which will save time the morning of the trip.

1. Supervise students and follow the directions of the sponsoring teacher or other school personnel.
2. Seat yourself at certain points on the bus(es) as determined by the sponsoring teacher.
3. Report behavior concerns to the sponsoring teacher or other school personnel. It is not the responsibility of the chaperone to discipline students at any time.
4. Not bring visitors, children, siblings, or others in your care on the trip.
5. Remain with your group during all scheduled activities. No chaperone may be alone with a single student at any time.
6. Report any incidents or situations that may pose a safety concern to a member of the instructional team immediately. Report all injuries, illness, or altercations to a member of the instructional team immediately.
7. Defer to the members of the instructional team when making decisions about appropriate behavior and the interpretation of school policies, rules and procedures.
8. Comply with all HCPS rules and guidelines for behavior while on school grounds. This includes refraining from smoking and use of alcohol.

For this field trip, chaperones:

 must provide own transportation, or will be able to ride the bus with students.

 will pay the associated fee of $\_\_\_\_\_, or will have fees associated with the cost of the trip paid by the school.

I have read the responsibilities of a chaperone and agree to abide by the established guidelines listed above.

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

Chaperone Signature Relationship to Child

Click or tap here to enter the location of the field trip

Click or tap here to enter the date of the field trip

Participation in the Choose a program name program at Choose a school is regarded as a privilege. Students chosen for participation are expected to comply with reasonable rules of conduct. Violation of these rules will result in disciplinary actions, including consequences from school administration upon return. **All school policies outlined in the student handbook will be enforced during the entire trip.** Additionally, all Choose a program name students must comply with the following guidelines.

Both Student and Guardian must sign below accepting this list of Expectations and Responsibilities.

1. If any student is involved in the use of alcoholic beverages, illegal drugs, tobacco products, or breaking of any laws or local ordinances which may result in arrest or detention, it shall be the responsibility of the parent/guardian to come take custody of the student and be responsible for their return home. Administrative action will be taken as outlined in the student handbook.
2. Follow all directions from your assigned chaperone. Any disrespectful behavior toward a chaperone will be treated as insubordination and appropriate administrative action will be taken.
3. Students are to stay in their own area of the hotel. No wandering around the hotel grounds, pool area, game area, etc. No boys should be in or around the area of the girl’s rooms and vice versa. Lights out means lights out, you will need your sleep. We have a long day planned for you, so get a good night’s rest.
4. Any damage to a hotel room, its fixtures, or contents will be charged to all occupants of the room unless it can be attributed to one or more specific persons. In that event, the damages will be charged to those individuals and their parents. Use of the hotel phone will also be charged to all room occupants.
5. It is the responsibility of each member of the room to assist in keeping the room and its contents in respectable order. Only chaperones will handle room keys.
6. Our hotel has already been notified that no room service, pay-per-view movies, or long distance phone calls will be allowed in our rooms.
7. Be at all places promptly. We do not want the entire group to be waiting for one late person**. Early is on time and on time is late!**
8. Harford County Public Schools will not be responsible for any lost or stolen items during this trip. Please think carefully about bringing any valuables with you. Keep all money and personal belongings with you. Do not leave your wallet, purse, or money lying around your room.
9. Cell Phones will be allowed on the trip. Please understand it is your responsibility to secure your cell phone at all times. Bring a cell phone charger with you. There are NO outlets on the bus.
10. At no time will a student or a group of students wander off by themselves. A chaperone must accompany individual students or small groups of students if there is the need to be separated from the general group location. We will follow a 3-person buddy system in the Click or tap here to enter text..
11. A group is judged very quickly by how they look and what they say. Therefore, we expect you to carry yourself with dignity and maturity at all times. Think about how your appearance, actions, and words reflect on you, your ensemble, and your school.
12. Dress requirements Click or tap here to enter any dress requirements.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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