

CHENANGO FORKS CENTRAL SCHOOLS

FIELD TRIPS

PROCEDURES AND GUIDELINES

Please read below prior to filling out the required paperwork.

1. **APPLICATION** - A field trip request packet is to be completed and turned in to the office at least one (1) month in advance. The request needs to indicate the relevance to curriculum and justify its purpose (page 2).
2. **BOE APPROVAL** - Board of Education approval must be sought for all overnight trips or trips in excess of 75 miles, two (2) months prior to the trip. The Board of Education meets the 2nd Thursday of each month. Please plan accordingly.
3. **TRANSPORTATION** – A transportation request form is to be completed and forwarded to the Building Principal one (1) month prior to the trip. These forms are available on the district web site at Staff Portal > Transportation > Forms. It is suggested you confirm transportation requests with the transportation department one (1) week in advance.
4. **PARENTAL NOTIFICATION** - Parental notification should occur one (1) month in advance. Please note it is not necessary to receive written parental permission unless it is an overnight trip. In your parental notification letter be sure to indicate that the “Chenango Forks Code of Conduct” governs the behaviors of all participants.” Please forward a copy of the parental notification letter for review when making application.
5. **MEDICATIONS** - The trip facilitator is to contact the nurse to prepare a listing of students requiring medications while participating in the field trip, which includes the student’s name, name of the medication, dosage instructions and the name of the person administering the medication. This list is to be attached to the application. If no medications are to be administered the letter should indicate “No students attending the field trip require medications.” If medications are to be administered to the student during the field trip by someone other than the nurse, teacher or parent, please refer to page 5, attached, and complete the “Chenango Forks Central Schools Parent/Guardian Authorization of another Adult for Administration of Medications.”
6. **FEES** – The preferred method to collect fees for field trip participation is through a check made out to the specific extracurricular organization; if no club exists then the check should be made out to “Chenango Forks Central Schools.” In the footnote of the check the trip should be identified. Checks should be turned in on a daily basis to the main office of the building in which the teacher making the request works. If a student has cash, do not accept this. Send the student to the Main Office so that a receipt may be issued for the cash received. It is preferred that a stock requisition be initiated for the purchase of any services connected with the trip (admission fees) so that a purchase order may be generated. If the organization will not accept a purchase order, please contact the Business Office. The teacher making the field trip request will explain, where appropriate, in the Parental Notification letter that money collected for fees associated with the trip cannot be refunded. A student shall not be denied the opportunity to participate in a field trip based upon the inability to pay such a fee. Elementary teachers cannot raise money for field trips or have parents pay for admissions according to New York State regulations.
7. **OVERNIGHT TRIPS** - Overnight trips need to have student expectations and trip procedures approved in advance by the building principal. Overnight trips require the “Consent for Operations, Treatment, Procedures & Tests form, page 6, to be completed. The original executed documents “Consent for Operations, Treatment, Procedures & Tests” form are to be in the possession of the teacher making the Field Trip Request while the trip is in progress. A copy of all forms is to be housed in the Building Principal’s office. Students that do not produce this document will not be allowed to attend the trip. *Please note a notary’s signature is required.*
8. **DAY OF THE TRIP** - An alphabetical list of students attending will be turned in to the office one day in advance of the trip so it can be published (secondary only). Attendance should be taken on the day of the trip and absences turned into the Attendance Clerk prior to departing for the trip.

Questions? Please see your building principal.

CHENANGO FORKS CENTRAL SCHOOLS

FIELD TRIP REQUEST

The staff member must first review the educational value and feasibility of the trip with the respective building principal and receive his/her initial approval before proceeding further with planning. The following information must be prepared in writing prior to principals' review and approval.

Teacher(s) Name: _____ Date submitted: _____

Building: _____ Class or Club or Team Involved: _____

Date(s) of Field Trip: _____ Destination: _____
In State: or Out State

Departure time: _____ Return time: _____

Type of Transportation to be used: _____ District School Bus
(Attach transportation request) _____ Commercial Bus
_____ Airline or Train

Bus Contractor (Name and Contact) Information: _____

Description of Field Trip:

Expected Student outcomes: (Reference State Standards): _____

How will this field trip be evaluated: (In terms of student outcomes) _____

Subject Area(s): _____

Describe classroom and instructional follow up activities after the field trip:

Special Transportation requirements: _____

Financial Requirements:

District/Building: _____

Indicate Funding Source: _____

Example: Contractual, HS Field Trips, Tech Prep etc.

Student/Parent: _____

Indicate Amount: _____

Professional supervision requirements: (attach list if needed)

Teachers Names: _____

Support Staff Names: _____

Parents Names: _____

Number of Students Attending: _____

Names of Students Attending (Attach list)

Itinerary and agenda: (Attach if necessary) _____

Other pertinent information: _____

Please be sure to attach:

Parent Notification Letter (from you)

Transportation Request

Field Trip Supervision

Rules of Conduct (overnight only)

Medical Consent (overnight only)

Administration of Medication (as needed)

_____ Submitter(s) signature Date: _____

_____ Principal's approval Date: _____

CHENANGO FORKS CENTRAL SCHOOLS

FIELD TRIP SUPERVISION

NAME OF TRIP ADVISOR: _____

DATE: _____

TEACHERS' NAMES:

1. _____
2. _____
3. _____
4. _____
5. _____

6. _____
7. _____
8. _____
9. _____
10. _____

SUPPORT STAFF NAMES:

1. _____
2. _____
3. _____
4. _____
5. _____

6. _____
7. _____
8. _____
9. _____
10. _____

PARENTS' NAMES:

1. _____
2. _____
3. _____
4. _____
5. _____

6. _____
7. _____
8. _____
9. _____
10. _____

Principal

Date

Chenango Forks Field Trip Form for
Parent/Guardian Authorization of Another Adult for Administration of Medication

Dear Parent/Guardian,

If your child receives a medication, including an inhaler during the school day, please complete the form below giving the classroom teacher or a CF trained employee permission to administer your child's medication.

Please note: Your child must be self-directed when taking their medication, meaning they are able to ask for and identify the medication they are taking or inhaler they use. If they are unable to do so, a parent or guardian must attend the field trip with their child. If you have any questions about this, please contact your child's school nurse.

To be completed by parent/guardian:

I authorize my child's classroom teacher or a Chenango Forks trained employee, who is a person in accordance with Education Law §6908 to administer the following medication(s):

to my child _____, (student name)
at the following school sponsored event :

_____ (name and date of event)

I acknowledge that **Chenango Forks Central School District** will not be liable for any problems that may arise as a result of the administration of such medication by the designee.

Parent/guardian signature: _____ Date _____

Print Name _____

12/5/2019

**CHENANGO FORKS CENTRAL SCHOOLS
FIELD TRIP
MEDICAL CONSENT FOR OPERATIONS,
TREATMENT, PROCEDURES AND TESTS**

Student's Name: _____
Last First

I, _____, being legally empowered to do so, as parent/guardian of
(Name of Parent or Guardian)
_____, my _____, hereby grant to a _____
(First & Last name of student) (son/daughter) (Representative of Chenango
Forks Schools)

the right and power in my behalf to consent and give permission to any Doctor or Hospital to make such
examinations, give such anesthesia, render such treatment, or perform such operations for the student listed
above, as the physician deems necessary and advisable. My consent is hereby granted for only that period
of time when _____ is with the Chenango Forks _____
(First & Last name of student) (Name of Organization
Responsible for Trip)

on its trip to _____ from _____ when an emergency situation exists, and I, the
(Destination) (Dates)

parent/guardian am unable to act in behalf of my son/daughter.

Health Insurance Carrier: _____ ID # _____
Group Subscriber # _____
Primary Care Physician: _____ Phone # _____
Medication Allergies: _____
(If none, please state none)

I acknowledge that I am responsible for all charges in connection with care and treatment rendered during
this period.

Print Name of Parent/Guardian

PHOTO COPY OF INSURANCE CARD
HERE

Signature of Parent/Guardian
(Must be signed before a Notary Public)

Sworn to before me this
____ day of _____, _____

Notary Public
(My Comm. Expires _____)

(Notary seal)

Please note that notaries are available in the District and Business Office.