

## FIELD TRIPS AND ACTIVITY TRAVEL

1.0 Scope of Permitted Travel. All schools shall follow and adhere to travel parameters set forth by the District's Out-of-State Travel Department as follows:

Elementary: Travel permitted only within the State of Colorado  
Middle School: Travel permitted only within the United States  
(*Alaska/Hawaii included*)  
High School: Travel within the United States and internationally permitted

1.1 All travel is subject to the District staff ethics policies and auditing. Procurement of travel in an amount less than \$5,000 may be purchased through the vendor deemed most appropriate by the school/department and meets District requirements for travel. Procurement of travel in an amount \$5,000 or greater requires one of the following:

1.1.1 Show evidence of three (3) quotes for equivalent travel/services. The requesting school/department will be responsible for obtaining these quotes and keeping these quotes on file, per the records retention policy, at the school/department for tracking and auditing purposes.

1.1.2 The requesting school/department must utilize a travel agency which has a current pricing agreement in place with the State of Colorado ([www.gssa.state.co.us](http://www.gssa.state.co.us)).

1.1.3 If the travel services do not qualify for one of the above procedures (ex. DECA), the District's Procurement Deviation Justification Form (PDJ) must be completed. The PDJ must be completed by the requesting school/department and must be approved by all designated parties. Once the PDJ has been completed at the school/department level, it must be sent to the Purchasing Department for additional approvals. The PDJ can be found on the Purchasing Department's webpage.

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One (1) of the above options shall be selected and initiated at least forty-five (45) days prior to the date of travel to avoid paying premium travel costs.

2.0 Student Participation. Trips must be open to all District students who qualify by meeting the curriculum, monetary (waivers available if indigent) and insurance requirements. Students may be required to utilize the transportation/accommodations (if applicable) and the complete itinerary of activities designated by the activity sponsor as a condition for participation in any portion of the activity.

3.0 Chaperones that are not employees of the district must submit to a raptor background check.

4.0 In-State Travel. Administrators shall be responsible for reviewing proposed field trips/activity travel to determine that the following procedures are met for travel within the State of Colorado:

4.1 In-state travel requests must be initiated no later than 3 months prior to departure date when possible. (See Exhibit D)

4.2 Field trips or activity travel must be directly related to the District's curricular and/or co-curricular programs;

4.3 Use of buses for the regular transportation of students to and from school shall have priority over buses for field trips or activity travel;

4.4 Approval of Exhibit A by the principal is necessary before a request for bus service is made to the Transportation Department;

4.5 All arrangements involving buses, bus routes, and drivers shall be completed by the Director of Transportation or designee;

4.6 Schools shall be billed at the current rate established by the Transportation Department;

**FIELD TRIPS AND ACTIVITY TRAVEL, cont.**

4.7 Licensed commercial carriers and private carriers shall comply with all applicable requirements established by law and/or Superintendent Policy. Prior to such use approval of commercial and private carriers must be obtained through the Resource Operations Department.

4.8 Administrators shall give all adult sponsors and prospective drivers of private vehicles a copy of Exhibit B thirty (30) days in advance of such trip, whenever possible, to allow compliance. A private vehicle is defined as any vehicle not owned by the District.

4.8.1 Drivers of private vehicles for student field trips or activity travel shall meet all requirements established by law and have on file with the District all information required by District policy. Such information shall be reported on Exhibit C to this policy.

4.8.2 Administrators shall review compliance with all requirements set forth in this policy prior to approving use of private vehicles.

4.9 Written parental permission for single-day trips shall be obtained for all minor passengers in the form attached as Exhibit E, and in the form attached as Exhibit F for multiple-day trips. Sponsoring adults shall take such written permission with them on the trip.

4.10 Vehicles purchased by or donated to individual schools for student activity travel must be approved by the Transportation Department before use, meet all applicable standards and requirements, and be subject to periodic inspection upon a schedule developed by the Transportation Department. Drivers of such vehicles who transport students must meet the requirements established in Code: 3610.

4.11 District transportation and commercial/private carriers shall instruct participants concerning emergency evacuation procedures prior to departure on the trip/activity.

**FIELD TRIPS AND ACTIVITY TRAVEL, cont.**

5.0 Travel within the United States. Administrators shall be responsible for reviewing proposed trips/activities outside Colorado to determine that the provisions of Section 4.0 (as applicable) and the following procedures are met:

5.1 Requests for travel within the United States must be initiated no later than 3 months prior to departure date (Exhibit D). Exceptions to this section will be considered on a case-by-case basis.

5.2 Submit in writing to the principal(s) all proposed fundraising activities, including documentation of parent support and projected amount of student time to be expended.

5.3 Submit request to the principal(s) prior to making any commitment or arrangements as to the group's availability for participation.

5.4 Present evidence that one licensed employee and additional adult sponsor(s), as approved by the principal, shall accompany the group; the number and gender of sponsors shall depend on the size, age, and composition of the group and the activity planned. The District's insurance carrier requires chaperones for every seven (7) students. Chaperones must be at least 21 years of age and be a District employee or a parent or legal guardian of a participant.

5.5 If approved by the principal(s), the request shall be submitted to the Chief Academic Officer or designee for approval/denial no later than 30 days prior to planned departure with information relative to activity, honor and/or recognition involved, time, place, estimated cost, means of transportation, school time involved, sponsoring agency, and other appropriate information. The Chief Academic Officer or designee shall forward to the Director of Risk Management the name of the travel organization and the trip dates and destination. The Director of Risk Management shall verify that the travel organization has the required level of insurance coverage and shall inform the Chief Academic Officer of his/her findings.

**FIELD TRIPS AND ACTIVITY TRAVEL, cont.**

5.6 Parents shall be given specific information regarding what is and what is not covered by travel insurance. All participants must be notified that each person is individually responsible for any and all travel expenses incurred.

5.7 A written plan for communication with the Chief Academic Officer or designee in the event of an emergency during the activity travel shall be in place and communicated with parents and principal(s).

5.8 Written parental permission shall be obtained for all minor passengers in the form attached as Exhibit F.

6.0 International Travel. Administrators shall be responsible for ensuring that the provisions of sections 4.0 and 5.0 (as applicable) and the following additional procedures are met:

6.1 Requests for international travel must be initiated no later than 8 months prior to departure date (Exhibit D).

6.2 Obtain travel advisories from the United States Department of State through the Department of Risk Management to ascertain whether any dangers/constraints exist regarding travel to the proposed country, and share that information in writing with parents; and

6.3 A school administrator may attend international travel. The building principal and the sponsor shall mutually agree as to whom will pay if an administrator attends.

6.4 It is a requirement that the sponsor obtain active cellular phone service, including international call activation, for international travel.

6.5 Each participant must obtain out-of-country travel insurance.

**FIELD TRIPS AND ACTIVITY TRAVEL, cont.**

7.0 The medical history form in Exhibit G must be filled out and completed by the parents or legal guardian(s) of each participant on an overnight trip. Should a participant have a medical history which requires medical monitoring, a physician's release to make the trip must be submitted.

8.0 Travel by District BASE programs shall be subject to all of the terms of this policy except for the provisions of section 4.2. BASE field trips shall be approved by the site director and shall be supervised by qualified adults and in such adult/child ratios as provided by state regulations.

CROSS REFERENCE:

Policy: 3610

Policy: 4130

Adams 12 Five Star Schools Most Recent Adoption March 13, 2012

**FIELD TRIPS AND ACTIVITY TRAVEL  
FORM INSTRUCTIONS**

FORM	WHEN TO USE
Form A	In-State Travel
Form B	In-State Travel
Form C	In-State Travel
Form D	Day Trip, No Overnights
Form E	Overnight(s) Travel
Form F	Overnight(s) Travel
Form G	Out-of-State and/or Overnight Travel

Exhibit A

Adams 12 Five Star Schools

Requisition # \_\_\_\_\_

**EMPLOYEE REQUEST FOR TRANSPORTATION**

PLEASE ARRANGE TO FURNISH ONE VEHICLE ON \_\_\_\_\_ Day \_\_\_\_\_ Date \_\_\_\_\_

No. of students and sponsors	Name of Group	Origin Location	Depart Time	Destination Location	Arrival Time	Destination Departure Time	Return Time To Origination

SPONSOR/MONITOR(S) NAMES 1 \_\_\_\_\_ DESTINATION ADDRESS \_\_\_\_\_

2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 CHARGE THE COST OF THIS TRANSPORTATION TO: SCHOOL \_\_\_\_\_ FUND \_\_\_\_\_

ACCOUNT CODE	ENCUMBERED AMOUNT	PAY AMOUNT
	\$ _____	\$ _____

**Activity/Field Trip buses available 9:00 am-1:45 pm on weekdays**  
**QUANTITY OF SPECIAL EQUIPMENT NEEDED:**

SEAT BELTS \_\_\_\_\_ WHEELCHAIR \_\_\_\_\_ CARSEAT \_\_\_\_\_  
 SCHOOL DAYS \_\_\_\_\_ WEEKEND \_\_\_\_\_  
 Set-up Fee \$11.50 Set-up Fee \$16.00  
 Wages \$13.00/hr Wages \$13.00/hr  
 Transit/Conventional .45/mile

\_\_\_\_\_  
 PRINCIPAL SIGNATURE

DRIVER (1) \_\_\_\_\_ VEHICLE # \_\_\_\_\_ DRIVER (2) \_\_\_\_\_ VEHICLE # \_\_\_\_\_  
 REQUIRED TO REMAIN WITH GROUP? YES NO

STARTING TIME _____	STARTING TIME _____
LOADING TIME @ POINT OF ORIGIN _____	ARRIVAL TIME @ DESTINATION POINT _____
LOADING TIME @ DESTINATION POINT _____	LOADING TIME @ DESTINATION POINT _____
RETURN TIME TO POINT OF ORIGIN _____	RETURN TIME TO POINT OF ORIGIN _____
ENDING TIME _____	ENDING TIME _____
ODOMETER READING END OF RUN _____	ODOMETER READING END OF RUN _____
ODOMETER READING BEGINNING OF RUN _____	ODOMETER READING BEGINNING OF RUN _____
DIFFERENCE _____	DIFFERENCE _____

DRIVER (1) HOURS _____ @ REGULAR RATE _____	PAY AMOUNT \$ _____	MILES @ _____ /MILE	PAY AMOUNT \$ _____
DRIVER (2) HOURS _____ @ REGULAR RATE _____			

DRIVER (1) SIGNATURE \_\_\_\_\_ TRANSPORTATION SUPERVISOR \_\_\_\_\_  
 DRIVER (2) SIGNATURE \_\_\_\_\_  
 DRIVER'S COMMENTS \_\_\_\_\_

SUBMIT ALL COPIES TO TRANSPORTATION  
 WHITE – Financial Services  
 GOLD – School  
 Form 22-01 (Mar 12)

YELLOW – Transportation  
 Request for Transportation

PINK – School (Completed)

## **USE OF PRIVATE VEHICLES FOR STUDENT FIELD TRIPS OR ACTIVITY TRAVEL**

### 1.0 Information for Drivers of Private Vehicles in Connection with Student Field Trip or Activity Travel.

1.1 A private vehicle is defined as any vehicle not owned by the District.

1.2 The District's insurance carrier has indicated that when a staff member, volunteer or parent drives a personal automobile to transport students on field trips or activity travel, his/her personal automobile coverage is **primary** in the event of an accident; the District's coverage is **secondary**.

1.3 We are advised that insurance companies may have the right to decline liability for claims resulting from transporting students if they were unaware of such "increased exposure."

### 2.0 Requirements for Drivers.

2.1 All drivers must obtain a Small Vehicle Permit as provided through the District Transportation Department.

2.2 All drivers shall have on file a signed release permitting the District both to obtain their motor vehicle reports and to conduct background checks.

2.3 All drivers shall have a current certificate of insurance from their automobile insurance company with the minimum limits of \$25,000 Property Damage, \$100,000 Bodily Injury Limits, or \$500,000 Single Combined Limits. (Administrators must check the expiration date of the policy to make sure it will not expire prior to or during the trip.)

2.4 All drivers shall make available a photocopy (site will make copy) of their driver's license.

2.5 Until a minor student (one who is under the age of 18) has held a valid driver's license for at least 6 months, s/he cannot transport a passenger under the age of 21 unless the passenger is a member of the driver's immediate family (that is, a person who is related by blood, marriage or adoption) and until

### **USE OF PRIVATE VEHICLES FOR STUDENT FIELD TRIPS OR ACTIVITY TRAVEL**

that student has held a valid driver's license for at least a year, s/he cannot transport more than one passenger under the age of 21 unless all such passengers are members of the driver's immediate family and wearing a seatbelt.

#### **3.0 Requirements of Sponsoring Adult**

3.1 The sponsoring adult must make student travel and activities as safe as possible. This includes communicating obvious hazards and designing precautionary measures.

3.2 If the sponsoring adult foresees a risk or hazard relative to student travel, the adult shall:

3.2.1 inform both students and parents of the implications of the risk or hazard;

3.2.2 provide each participating individual a copy of safety rules to be followed by students, staff, and volunteers;

3.2.3 enforce the rules and administer penalties for all known infractions in accordance with District disciplinary policies and procedures; and,

3.2.4 be knowledgeable of Superintendent policies and school rules for student transportation and activities.

3.3 Participating students and their parents shall be informed in writing of student activity and travel rules to be enforced by the sponsoring adult.

3.4 In the case of an accident, the adult sponsor may provide emergency first aid while waiting for assistance.

3.5 A full report shall be submitted at the conclusion of the trip or activity on any accident which occurred during the trip.

Exhibit C

**USE OF PRIVATE VEHICLES FOR STUDENT FIELD TRIPS OR ACTIVITY TRAVEL  
FORM**

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The following information must be obtained in instances when private transportation is utilized for student activity travel.

Driver's Name \_\_\_\_\_

Driver's Address \_\_\_\_\_

Make of Vehicle(s) \_\_\_\_\_

License Number of Vehicle(s) \_\_\_\_\_

Operator's License Number \_\_\_\_\_

The following conditions must be complied with before transporting students:

1. A minimum Liability Insurance coverage of \$100,000/\$300,000 bodily injury per person or \$500,000 combined single limits; \$25,000 property damage.
2. The possession of a valid Colorado driver's license.
3. Seat belts must be used.
4. Number of passengers shall not exceed capacity of vehicle.
5. A valid emission sticker on transporting vehicle.
6. Observance of all local and state traffic regulations.

Signature signifies compliance with all of the above statements and also receipt of information regarding "Use of Private Vehicles for Student Field Trips or Activity Travel."

\_\_\_\_\_  
Vehicle Owner/Driver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address  
Code

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**STUDENT FIELD TRIP PERMISSION FORM – DAY TRIP**

Complete items 1-8, then make enough copies for students in the class/activity.  
 This form is to be used for local and metro area short trips.  
 The form is to be completed by staff and submitted to parent for signature.  
**Completed forms MUST accompany sponsor/teacher on trip.**

(1) School \_\_\_\_\_ (2) Date(s) of Activity \_\_\_\_\_

(3) Destination \_\_\_\_\_

(4) Period(s) Absent (if applicable) \_\_\_\_\_ (5) Grade Level \_\_\_\_\_

(6) Transportation will be by:

- District School Bus
  - Private Car
  - Walking
  - Parent/Guardian (responsibility)
  - Commercial Carrier
  - Other (specify) \_\_\_\_\_
- Fee Required \_\_\_\_\_
  - Other Needs \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

(7) Other Information: \_\_\_\_\_

(8) \_\_\_\_\_

Sponsor/Teacher  
Signature

**PARENTS/GUARDIANS COMPLETE THE FOLLOWING SECTION.**

Student's First & Last Name \_\_\_\_\_ Student ID# (if applicable) \_\_\_\_\_

*Student and parent/guardian must understand that it is the **student's** responsibility to make up any work missed during this absence.*

**IMPORTANT INFORMATION**

- I understand that the above identified trip will take place away from school property; may involve transportation as indicated above; and may involve activities beyond the scope of traditional school functions conducted on District property.
- I release the Board of Education, the District, its employees and authorized sponsors and volunteers from all claims arising from the student's participation in the above identified activity unless caused by actions for which the District would otherwise be liable under Colorado law.
- I understand and give full authority for the District to take whatever action it deems necessary to safeguard the health and well-being of the participating student including, but not limited to, consenting to emergency medical care.

**INSURANCE** - I understand the District does not purchase, or have, any insurance to cover medical, dental or hospitalization to cover injuries to or loss of life of students, damage to or loss of personal property or to indemnify parents/guardians for any expenses in connection therewith, and that if any insurance is desired, it must be purchased by the parent/guardian.

**EXPECTED STUDENT CONDUCT** - Students of Adams 12 Five Star Schools representing a class, sport or activity have the responsibility to maintain the same behavior standards expected of them while they are in school and are subject to consequences for breaches of such standards just as though they were in school.

As parent/guardian of the above-named student, I/we have read the above and do hereby grant permission for him/her to participate in the above identified activity.

Parent(s)/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Thank you for returning this form promptly.**

**STUDENT ACTIVITY TRAVEL PERMISSION FORM – OVERNIGHT**

School \_\_\_\_\_

Date of Activity \_\_\_\_\_

Destination \_\_\_\_\_

Period(s) Absent \_\_\_\_\_

Student's Last Name \_\_\_\_\_

Student's First Name \_\_\_\_\_

Grade Level \_\_\_\_\_

Class Sponsoring Activity \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_

Transportation will be by:

- |  |   |                    |
|--|---|--------------------|
| <input type="checkbox"/> District School Bus | <input type="checkbox"/> Parent/Guardian (responsibility) | Fee Required _____ |
| <input type="checkbox"/> Private Car         | <input type="checkbox"/> Commercial Carrier               | Other Needs _____  |
| <input type="checkbox"/> Walking             | <input type="checkbox"/> Other (specify) _____            | _____              |

*Student and parent/guardian must understand that it is the **student's** responsibility to make up any work missed during this absence.*

**IMPORTANT INFORMATION**

1. I understand that this Extended Field Trip/Student Activity Trip will take place away from school property; may involve transportation provided by common carriers or other non-school provided means; overnight stays in hotels, motels or other non-school facilities; and may involve activities beyond the scope of traditional school functions conducted on District property.
2. I understand that the student's participation in the above identified trip is voluntary and that such participation potentially involves risks and obligations that are impossible to predict but which may be beyond the scope of those normally associated with traditional school functions on school property. These risks may include, but are not limited to, the loss or damage of/to personal property, sickness, personal injury or fatality and the obligation for payment of all costs associated with the trip.
3. I release the Board of Education, the School District, its employees and authorized sponsors and volunteers from all claims arising from the student's participation in the above identified activity.
4. I understand and give full authority for the School District to take whatever action it deems necessary to safeguard the health and well being of the participating student including, but not limited to, the authorization to secure medical treatment for the participating student, or, in the discretion of the District, to return the participating student to his/her home.
5. The student's participation in the Extended Field Trip/Student Activity Trip may be terminated for the student's failure to abide by District and school policies, for failure of the student to abide by the instructions of his/her teacher guide during the trip, or for failure to make timely payment of all fees and expenses. If the termination occurs during the trip, the undersigned parent/guardian agrees to bear all costs of the student's return home. When it is necessary to return a student home, the sponsoring teacher will personally notify a parent/guardian and will accompany and supervise the student to boarding and observe the departure of the student on the transportation system used to return the student home.
6. I understand the District reserves the right to cancel any trip due to insufficient participation, adverse weather conditions, or other circumstances beyond its control. The District also reserves the right to alter or change the itinerary or to adjust program costs to reflect changes in exchange rates, in fuel costs or inflation.
7. The undersigned, as the responsible parent/guardian, agrees to inform the sponsoring teacher of any history of any mental/physical/emotional problems of the student and provide a note from the attending physician of any medications which the student is required to take and the instructions for administering such medication.

**INSURANCE** - I understand the District does not purchase, or have, any insurance to cover medical, dental or hospitalization to cover injuries to or loss of life of students, damage to or loss of personal property or to indemnify parents/guardians for any expenses in connection therewith, and that if any insurance is desired, it must be purchased by the parent/guardian.

**EXPECTED STUDENT CONDUCT** - Students of Adams 12 Five Star Schools representing a class, sport or activity have the responsibility to maintain the same behavior standards expected of them while they are in school and are subject to consequences for breaches of such standards just as though they were in school.

As parent/guardian of \_\_\_\_\_, I/we have read the above and do hereby grant permission for him/her to participate in the above identified activity.

\_\_\_\_\_  
Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

**Thank you for returning this form promptly.**

***To be used for trips overnight, in or out of state and/or country. Parent to complete and sign form and return to sponsor or building administrator prior to trip. This form MUST accompany sponsor on trip.***



**Adams 12 Five Star Schools  
DISTRICT APPROVAL FOR OVERNIGHT STUDENT ACTIVITY TRAVEL**

***Sponsor must submit this request no later than 3 months (for in-state travel and travel within the United States) or 8 months (for international travel) prior to departure.***

School \_\_\_\_\_ Date Submitted \_\_\_\_\_

Submitted by \_\_\_\_\_

Request from Group/Organization/Club \_\_\_\_\_

Travel Dates \_\_\_\_\_ School Time Involved \_\_\_\_\_

**Destination and Purpose:**

**Type of Travel and Accommodations:** *Airfare, hotel, car rental-explanation.*

**Participants: (number of students, teachers, chaperones, etc.)** *Attach a detailed list of names, title, home and cellular numbers.*

**Cost and/or Source of Funding:**

**Other Important Information: (brochures, flyers, itinerary, etc.):** **A general itinerary must be attached to this request.**

Assurance of Compliance with Superintendent Policy  
Code: 6270 Field Trips and Activity Travel

Check if a Travel Advisory from the United States Department of State <http://travel.state.gov/travel/index.html> is attached (required by the Risk Management Department for travel outside the United States).

Principal's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Chief Academic Officer's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

\*Purchasing Manager's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

*\*Purchasing Manager's signature required only for travel \$5,000 or greater*

**Exhibit G**

**Adams 12 Five Star Schools  
MEDICAL EMERGENCY FORM**

***To be used for trips overnight, and out of state and/or country. Parent to complete and sign form and return to sponsor or building administrator prior to trip.  
This form MUST accompany sponsor on trip.***

I / we, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_, give my consent for emergency medical and surgical treatment in a licensed hospital by a licensed physician, should his/her condition require this treatment in my absence. I/we understand that, in such case, reasonable attempts will be made to contact me/us, time and conditions permitting.

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

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

My daughter/son has the following medical condition(s) which may require emergency care:

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

The District and its personnel cannot dispense medication without written direction from the child's (student's) physician stating the child's name, the name of the medication, the dosage and the period for which the medication is prescribed.

My daughter/son requires the following medication(s): \_\_\_\_\_

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

This authorization is for the time period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date