

**FIELD TRIPS AND ACTIVITY TRAVEL
FORM INSTRUCTIONS**

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

Requisition # _____

EMPLOYEE REQUEST FOR TRANSPORTATION

PLEASE ARRANGE TO FURNISH ONE VEHICLE ON _____

No. of students and sponsors	Name of Group	Origin Location	Depart Time	Day		Date	
				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 # _____
 REQUIRED TO REMAIN WITH GROUP? YES NO

DRIVER (2) _____ VEHICLE # _____

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 _____

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

DRIVER (1) SIGNATURE _____
 DRIVER (2) SIGNATURE _____
 DRIVER'S COMMENTS _____
 TRANSPORTATION SUPERVISOR _____

SUBMIT ALL COPIES TO TRANSPORTATION

WHITE – Financial Services YELLOW – Transportation PINK – School (Completed) GOLD – School
 Form 22-01 (Mar 12) Request for Transportation

**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 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 District 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.

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

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

City

State

Zip Code

Adams 12 Five Star Schools
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:
- | | |
|---|---|
| <input type="checkbox"/> District School Bus | <input type="checkbox"/> Fee Required _____ |
| <input type="checkbox"/> Private Car | <input type="checkbox"/> Other Needs _____ |
| <input type="checkbox"/> Walking | _____ |
| <input type="checkbox"/> Parent/Guardian (responsibility) | _____ |
| <input type="checkbox"/> Commercial Carrier | _____ |
| <input type="checkbox"/> Other (specify) _____ | |
- (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

1. 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.
2. 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.
3. 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 | <input type="checkbox"/> 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
APPLICATION 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.)

ANTICIPATED 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 District 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: _____

**Chief Academic Officer's Signature required only for out-of-state or international travel*

*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

Exhibit H

**Adams 12 Five Star Schools
STUDENT TRAVEL REQUEST FORM**

Requestor Information:

Full Name of Requestor: _____ Date: _____

Title of Requestor: _____

Requesting Location (School or Department): _____

Travel Details:

Specific description and purpose of travel, include name of travel company (if applicable):

Number of Students Traveling: _____ Number of Coaches/Chaperones Traveling: _____ Student/Chaperone Ratio: _____

Travel Dates: _____ Type of Ground Transportation (Charter, rental, personal vehicle, etc.): _____

Have you already registered/made payments towards event? Yes No If yes, list total pre-paid amount: _____

Funding Source: Dept.: _____ Fund: _____ Location: _____ SRE: _____ Program: _____ Object: _____

Job Class: 000 Grant or Project: _____

Description	Cost Per Traveler	Extended Cost
Airfare (Provide a minimum of 3 comparable quotes)		
Ground Transportation (Charter bus, rental car, taxi, parking, mileage, etc.)		
Lodging		
Registration		
Per Diem (<i>For Adams 12 staff members only</i>)		
Other – Explain:		
Estimated Total Cost		

School Signature Authorities:

Requestor's Signature: _____ Date: _____ Yes No
Principal's Name: _____

Printed Name

Principal's Signature: _____ Date: _____ Yes No

District Signature Authorities:

Purchasing Department: _____ Date: _____ Yes No

Athletic/Activities Director: _____ Date: _____ Yes No

Director of Risk Management: _____ Date: _____ Yes No

Chief Academic Officer: _____ Date: _____ Yes No