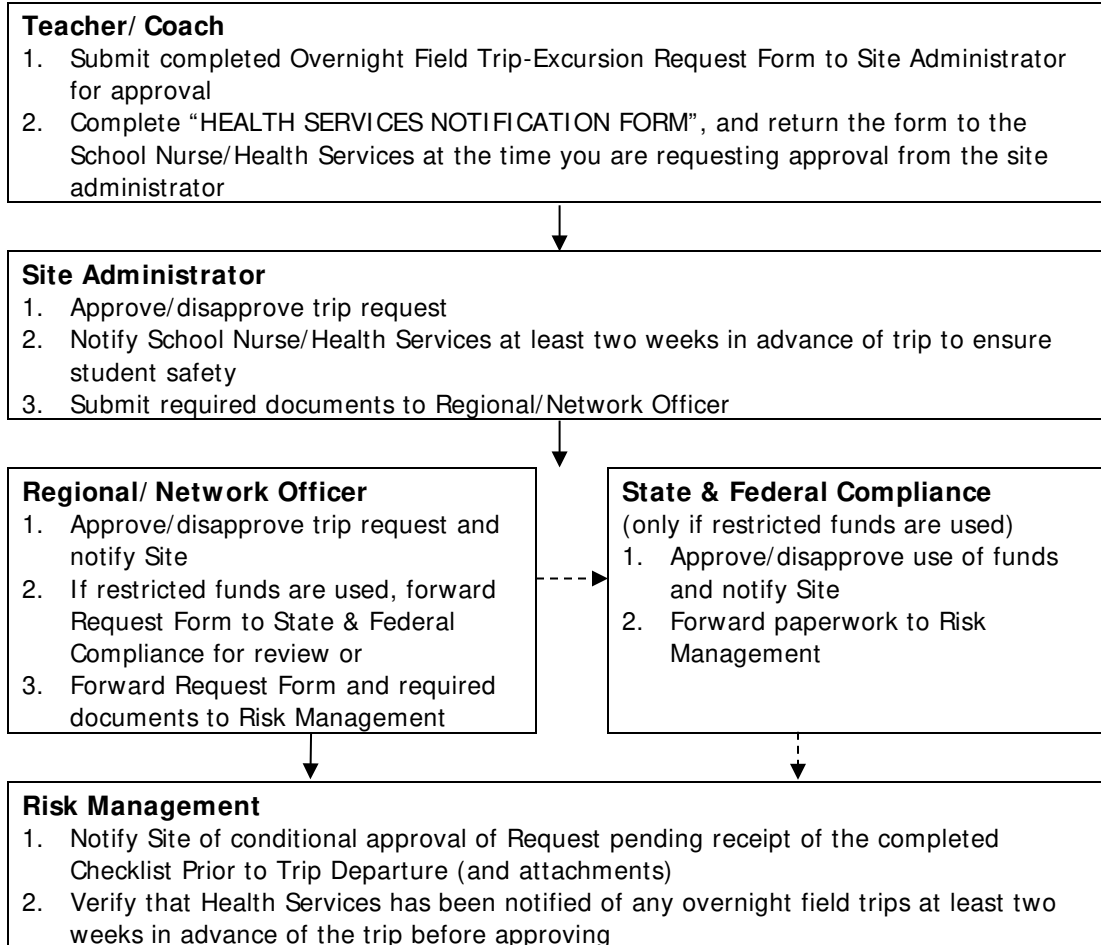




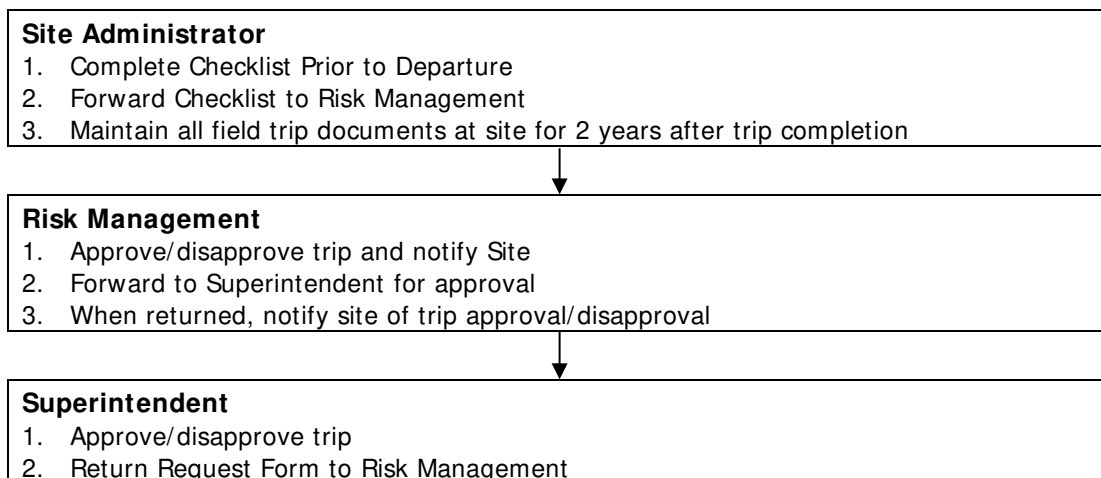
OVERNIGHT FIELD TRIPS APPROVAL PROCESS

(including high risk activities but not including out-of-state trips)

REQUEST APPROVAL:



TRIP APPROVAL:





**OVERNIGHT FIELD TRIP/ EXCURSION
REQUEST WITHIN CALIFORNIA**
(including high risk activities)

Basic Directions

This packet is available on the Intranet (School Operations Library) as a fillable-saveable pdf file. If typed, similar fields will populate throughout the packet making it quicker and easier to complete.

1. Requests must be submitted to Regional/Network Officer no later than **60 days** prior to departure
2. Return Health Services Notification Form to the School Nurse or Health Services at the time you are requesting approval for a field trip
3. Use of Restricted Funds requires additional approval by State & Federal Compliance
4. Obtain Fingerprint and TB clearance (requirements per OUSD AR 1240) for all non-District employee chaperones. (Arrange through <https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/> or email volunteers@ousd.k12.ca.us. Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years and obtain TB clearance once every 4 years.)
5. Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153
6. Check the Pre-Approved Vendor List for contract and insurance requirements
7. Overnight trips have a bifurcated approval system (1) to approve the request and (2) to approve the trip since not all information for the trip approval may available by the deadline for the request. However, when possible, please submit the required documents for the trip approval along with the initial trip request to make the full approval process faster.

Required Documents for Request Approval	<input type="checkbox"/> Copy of program/vendor information describing vendor and scheduled activities <input type="checkbox"/> All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract <input type="checkbox"/> Certificate of insurance from all private vendors: Program (attach copy unless publicly owned and operated) Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn)
Required Documents for Trip Approval	<input type="checkbox"/> "Checklist Prior to Trip Departure" <input type="checkbox"/> List of students and adults attending trip <input type="checkbox"/> "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: _____ Site Number: _____

Destination: _____
Address: _____
Phone or Contact Info: _____

Departure - Date: _____ Time: _____ Place of Departure: _____

Return - Date: _____ Time: _____ Place of Return: _____

Class(es)/Group Attending: _____

Grade(s): _____ # of Students: _____ # of Adults: _____

Teacher Supervising Trip: _____

Emergency Contact # During Trip: _____

Supervising Teacher's Email Address: _____



Site: _____

Teacher Supervising Trip: _____

Destination: _____

Date of Departure: _____

Describe itinerary and activities: (<input type="checkbox"/> Trip will include swim or water activities)	
Names of teachers and staff attending trip:	Teachers: Staff:
Describe mode of transportation for each leg of the trip: (For all personal vehicles, each person driving will need to complete a Declaration of Driver Form.)	
Describe how this trip aligns with grade level standards, supports the teaching and learning and/or parent ed/training component of site plan, including related activities prior to trip and student follow-up activities that will occur after the field trip/excursion:	

TRIP COSTS

TRANSPORTATION/CHARTER BUSES

Note: Site must order AC Transit and BART tickets.

If buses will be used, use only an approved bus company. List is located on the Intranet with the Field Trip information.

Bus Company: Walker Charter Services

of buses ordered: _____ Size of bus ordered: _____ Wheelchair accessible needed? _____

Cost of transportation: \$ _____ Source: ☐ General Funds ☐ Restricted Funds ☐ No District Funds

Org. Key	Object #	Resource #	Amount	Req #	PO #
	5826				
	5826				



Site: _____
Teacher Supervising Trip: _____
Destination: _____
Date of Departure: _____

PROGRAM/ADMISSION COSTS

Total Cost of Program/Admission: \$ _____ Source: ☐ General Funds ☐ Restricted ☐ No District Funds

Cost per student: \$ _____ Cost per adult: \$ _____

Org. Key	Object #	Resource #	Amount	Req #	PO #
	5829				
	5829				

HEALTH CONDITIONS/MEDICATION

Will there be any students participating in the field trip with the following conditions? Yes: ☐ No: ☐

- | | |
|--|---|
| <input type="checkbox"/> Severe Allergy | <input type="checkbox"/> Student has an Epi-pen at school |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Student has an inhaler at school |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Sick Cell Anemia | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Other condition(s): _____ | <input type="checkbox"/> Student has medication at school |

Will any students need medications during the school day? Yes: ☐ No: ☐

Will any student need medications after school hours: Yes: ☐ No: ☐

If the answer to any of these questions is yes, give Health Services Notification Form to School Nurse or fax to 273-1511.

NUTRITION SERVICES

Because OUSD participates in the National School Lunch Program, school sites must provide lunches for Free and Reduced Price students while on field trips scheduled during regular lunch service.

Will students be off campus during the lunch? Yes: ☐ No: ☐

Will sack lunches be needed? Yes: ☐ No: ☐ Number of sack lunches needed? Students _____ Adults _____

If either question is yes, please fax the attached Nutrition Services Notification Form to 434-2259.

SUBSTITUTES Are Subs Needed? Yes: ☐ No: ☐ (Note: School site is responsible for ordering substitutes)

CERTIFICATES OF INSURANCE

Facility/Program Insurance: Attach copies of Proof of Insurance **from** all private vendors (except publicly owned and operated).

District Insurance: Has vendor requested that OUSD provide a certificate of the District's insurance? Yes: ☐ No: ☐

If yes, attach the written insurance requirements provided by the Facility. (Once the Certificate of Insurance is prepared, it will be faxed to the contact person at the facility and the school site contact. The original certificate will then be sent to the school site contact and will be given to the facility if required.)

STATE & FEDERAL COMPLIANCE

If restricted funds are used for this field trip/excursion, State & Federal Compliance approval is required to ensure compliant use of resources and alignment with the Single Plan for Student Achievement (SPSA). List the relevant SPSA Tracking Numbers to indicate alignment.

SPSA Tracking #: _____

1. Attach a copy of the site plan, if modified. Modified SPSA Date: _____
2. Documentation of the follow up activities is to be maintained at the site for State and Federal compliance review.



Site: _____

Teacher Supervising Trip: _____

Destination: _____

Date of Departure: _____

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input type="checkbox"/> Trip aligns with grade level standards <input type="checkbox"/> Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate <input type="checkbox"/> Reviewed agreements/contracts with any facility, program or vendor (attach copies) <input type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips				
Regional/Network Officer <input type="checkbox"/> Trip purpose, transportation, and funding are appropriate <input type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips				
State/Federal Compliance (if restricted funds) <input type="checkbox"/> Compliant use of resources and in alignment with school site plan (SPSA)				
Risk Management <input type="checkbox"/> Business contracts, insurance, safety and policy compliance are sufficient <input type="checkbox"/> Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)				

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input type="checkbox"/> Forward the completed : (1) Checklist Prior to Trip Departure; (2) list of students and adults attending trip; (3) "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle				
Risk Management <input type="checkbox"/> Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver <input type="checkbox"/> Notify Site of Trip Approval once approved by Superintendent				
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Return Request Form to Risk Management				



Site: _____
Teacher Supervising Trip: _____
Destination: _____
Date of Departure: _____

CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE (initial each item certifying completion)

- _____ "OUSD Student Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
- _____ "Chaperone Agreement" (found on the Student Permission Slip) signed by all non-employee adult chaperones.
- _____ OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 have been obtained for all non-District employee chaperones.
- _____ No fees have been charged to students/parents related to this trip except where allowed by AR 3260.
- _____ Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions as required by OUSD AR 6153.
Meeting date: _____
- _____ Health Conditions/Medication: School nurse or Health Services has been consulted at least two weeks prior to any field trip. Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies). A plan has been developed by a school nurse to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (See OUSD AR 5141.21)
- _____ Supervision is by certificated personnel and assisted by other school employees, parent/guardian(s), or other authorized chaperones who are at least 21 years old. Site Administrator and trip leader are satisfied all chaperones are willing and able to perform required duties, including understanding and implementing instructions, health information for students in their group and responding effectively in the event of emergency.
- _____ Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
- _____ Sleeping arrangements and night supervision are safe and appropriate.
- _____ Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones). At least one adult has current First Aid/CPR training.
- _____ Confirm that: (1) if destination is out of Oakland, arrangements have been made for use of an additional vehicle in event of illness or emergency and (2) students received instruction in safe conduct on bus or other transport.
- _____ OUSD Declaration of Driver form completed and signed by driver and registered owners of any private vehicles used on trip and copy of proof of insurance and California driver's license are on file and secured at school site. The same forms may be used for multiple trips or for entire school year as long as insurance proof on file is updated. This requirement does not apply to licensed bus companies on the District's approved bus list or for public transportation entities, airlines or AMTRAK.
- _____ ☐ Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
- _____ Confirm all student participants on higher risk activities (e.g. swimming, snow trips, horseback riding, sailing, rafting, etc) are covered by medical or accident insurance as required by AR 6153. Do not exclude students without insurance; however, contact Risk Management for instructions.
- _____ Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



HEALTH SERVICES NOTIFICATION FORM

Teacher/ Coach: You must complete and return this form to the School Nurse or Health Services at the time you are requesting approval for a field trip.

TRIP INFORMATION:

School or Center: _____ Site Number: _____

Destination: _____

Departure - Date: _____ Time: _____

Return - Date: _____ Time: _____

Class(es)/Group Attending: _____

Grade(s): _____ # of Students: _____ # of Adults: _____

Teacher Supervising Trip: _____

Supervising Teacher's Email Address: _____

HEALTH CONDITIONS/MEDICATION:

Will there be any students participating in the field trip with the following conditions? Yes: ☐ No: ☐

- | | |
|--|---|
| <input type="checkbox"/> Severe Allergy | <input type="checkbox"/> Student has an Epi-pen at school |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Student has an inhaler at school |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Other condition(s): _____ | <input type="checkbox"/> Student has medication at school |

Will any students need medications during the school day? Yes: ☐ No: ☐

Will any student need medications after school hours: Yes: ☐ No: ☐

If the answer to any of these questions is yes, please **return this form to the School Nurse or fax to 273-1511**.

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by student's parent/guardian and doctor. See your School Nurse/Health Services for more information.



NUTRITION SERVICES NOTIFICATION FORM

TRIP INFORMATION:

School or Center: _____ Site Number: _____

Destination: _____

Departure - Date: _____ Time: _____

Return - Date: _____ Time: _____

Class(es)/Group Attending: _____

Grade(s): _____ # of Students: _____ # of Adults: _____

Teacher Supervising Trip: _____

Supervising Teacher's Email Address: _____

NUTRITION SERVICES:

Because OUSD participates in the National School Lunch Program, school sites must provide lunches for Free & Reduced price students while on field trips scheduled during regular lunch service.

To accommodate this need, Nutrition Services prepares sack lunches for field trips. These meals typically include sandwich, fruit, vegetable, milk, and juice. Due to Federal & State meal program regulations, milk must be taken on all field trips. The only exception is for students with Medical Statements on file.

Sack lunches should be ordered at least two (2) weeks in advance. We will try to accommodate later requests, but this can't be guaranteed. Arrangements for pick up should also be discussed with your cafeteria manager. We ask that Reduced Price students purchase their sack lunches and Paid students are required to purchase their sack lunches (\$2.25 for *Elementary* & \$3.00 for *Middle & High School*). Adults may also purchase sack lunches for \$3.50. Money for Paid students and adults must be provided prior to pick up.

We suggest that students come to the cafeteria to pick up their lunches so that the cafeteria staff can complete the meal accountability paperwork. If this is not possible, the teacher in charge will be asked to do so and turn in the paperwork by the following day.

Will students be off campus during the lunch? Yes: ☐ No: ☐

Will sack lunches be needed? Yes: ☐ No: ☐ Number of sack lunches needed? Students _____ Adults _____

If either question is yes, please **fax this form to 434-2259**.

For Nutrition Services Only:

Notification Form received by: _____ Date received: _____

Sack Lunch order completed by: _____

☐ Copy on file in Sack Lunch folder ☐ Copy packed with order



TO BE COMPLETED BY TEACHER

Destination: _____

Address: _____

School or Center: _____

Departure - Date: _____ Time: _____ Place of Departure: _____

Return - Date: _____ Time: _____ Place of Return: _____

Class/Group Attending: _____

Name(s) of Classroom Teacher(s): _____

Teacher Supervising Trip: _____

Emergency Contact # During Trip: _____

**The field trip will
involve the following:**

(Describe activities and
itinerary):

(☐ Swim/water activities
permission required)

**Mode(s) of
transportation:**

**Student needs to
bring:**



Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/ GUARDIAN

I give permission for my daughter/son/ward _____
(Name of Student – please print)

to participate in a field trip on Date(s): _____
to: _____

Emergency Number(s) for Parent/Guardian: 1. _____ 2. _____ 3. _____

Alternate Emergency Contact Name: _____ Phone Number(s): _____

Student Health Conditions

- ☐ Severe Allergy to: _____ ☐ Student has an Epi-pen at school
☐ Asthma ☐ Student has an inhaler at school ☐ Diabetes ☐ Student has medication at school
☐ Seizures ☐ Student has medication at school ☐ Sickle Cell Anemia ☐ Student has medication at school
☐ Other condition(s): _____ ☐ Student has medication at school

Medications needed during the school day: _____

Medications needed after school hours: _____

Special Instructions: _____

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

Health Insurance Plan Name¹: _____ Subscriber/Policy No. _____

☐ **Swim/ Water Activities Permission** – If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes: ☐ No: ☐

My child's swimming ability is (check one): Beginner ☐ Intermediate ☐ Advanced ☐

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Date: _____ Parent or Guardian Signature: _____

Print Name: _____

FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.

____ My high school student has my permission to arrive at and/or leave the destination on his/her own: ____ arrive ____ leave

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip.²

Date: _____ Signature: _____

Print Name: _____

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

¹ Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).

² Fingerprinting can be arranged through <https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/>. For questions email volunteers@ousd.k12.ca.us.



DECLARATION OF DRIVER

Driver Name: _____

School or Center: _____

Teacher: _____ School Year: _____

The driver and registered owner who sign(s) this form assure(s) the Oakland Unified School District as follows:

1. That the driver is at least 21 years of age and holds a current valid California driver's license.
2. That the driver has not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.
3. That the vehicle described below is insured by _____ Insurance Company with policy limits of at least \$100,000 per individual and \$300,000 per occurrence for liability for bodily injury; and \$50,000 per occurrence for liability for property damage.

Policy No.: _____; Policy expiration date: _____.

4. That Oakland Unified School District may confirm the above by telephone or written communication to the insurance agent listed below:

Name of Insurance Agent

Telephone Number of Insurance Agent

Address of Insurance Agent

5. That the driver and registered owner understand that Oakland Unified School District is not responsible for accidents or injuries that may occur and provides no insurance coverage whatsoever for the vehicle, driver, passengers or others.
6. That the driver will ensure that all passengers use safety belts or appropriate child car seat at all times.
7. That the vehicle meets all safety requirements and that the driver has received a copy and will follow the "Driver Instructions" on page 2 of this form.

Year Make Model Passenger Capacity Vehicle License No.

I certify that the information provided on this form is true and correct.

Date Driver Name Signature of Driver Driver's License No. Cell Phone No.

I certify that the information provided on this form is true and correct and that driver has consent to use above vehicle to drive Oakland Unified School District students on above field trip or excursion.

Date Registered Owner Name Signature of Registered Owner (if different from driver)

Attach a photocopy of driver's license and current insurance card or declarations page



DRIVER INSTRUCTIONS FIELD TRIPS OR EXCURSIONS

Please follow the below instructions when transporting OUSD students on field trips or excursions:

1. Check the safety of the vehicle which will be used including: tires, brakes, lights, horns, suspension, etc.
2. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
3. Require each passenger to use an appropriate passenger restraint system (child car seat or safety belt) in accordance with law.
4. Obey all traffic laws.
5. Make sure the supervising teacher has advised you of any relevant medical conditions or allergies for those students assigned to your vehicle.
6. Make sure you have exchanged an emergency contact number with the supervising teacher in case you get lost, separated or there is an emergency. In case of emergency, keep all the children together and call 911, the supervising teacher and the school. If you cannot reach school personnel, contact the School District Superintendent's office at 879-8200.
7. You may not transport **anyone** during a field trip or excursion who has not been approved in advance by the supervising teacher and/or site principal.

Certificate of Insurance Coverage Request Form
(Field Trip)

Request Date:	Site Name:	
Site Contact Person:	Telephone:	Fax:
Site Contact Person Email Address:		
Event Location Name:		
Address:		
Event Contact Person Information Name:	Telephone:	Fax:
Event Date and Time:		
Brief Description of the Event:		
Facility Insurance Requirements: (Please attach the written requirement provided by the Event Facility)		

Email or Fax Request (not less than 15 calendar days prior to the event) to:

Risk Management Department
Attn: Cynthia Grice
Email: cynthia.grice@ousd.k12.ca.us
Fax (510) 273-0445