

Field trips, tours, and excursions (hereinafter referred to as “trip”) require careful planning. They necessitate administrative and parental/guardian approval, suitable behavior for the occasion, and sufficient orientation to ensure the most effective learning outcomes. The trip should originate from a current unit of study and be appropriate for the age and maturity level of the group. Students should understand the field trip and what is to be learned. As soon as possible after the trip, the teacher should, with the students, review and evaluate the objectives of the trip.

Whenever possible, students should be transported in school or chartered buses that are bonded and insured transportation carriers. In certain situations when transporting small numbers of students, vans can be used if they meet the requirements of the Transportation Code. Specific questions should be directed to the transportation department.

If rented vehicles are used, the vehicle must be insured, and the operator of the vehicle must be appropriately licensed and insured. Rented trucks can be used to transport instruments when bands/orchestras and other groups are traveling. The operator of the vehicle will ensure that the number of passengers does not exceed the designated capacity of the vehicle and that each passenger is secured by a safety belt. The owner and/or the person who leases a vehicle assumes all liability. [See policy FMG(LOCAL)]

The campus administrator or instructional staff person/sponsor will determine the ratio of students per adult based on classroom/group needs. Instructional staff and chaperones are responsible for student safety and conduct while on the trip.

Field trips may be canceled at the discretion of the sponsor with prior approval of the principal for any of the following events or any other event, which could possibly jeopardize the safety, and security of the students and/or District employees including but not limited to:

- a. Unsafe conditions.
- b. Lack of funds.
- c. Natural disasters.
- d. Travel advisories issued for the geographical area.

“In-district and/or local trips” must be submitted to the **Campus Principal** for approval. Campuses will use the field trip proposal form and the bus requisition form for the approval process for any field trips. The trip proposal format must contain the following:

- a. Campus adopted proposal
- b. A plan for medical emergencies
- c. Medical health conditions for each student
- d. Bus requisition form

Trips that are out-of-state, out-of-country, and/or overnight or to any area where student safety is in question must be submitted in proposal format [see FMG(EXHIBIT)], which must contain, but not be limited to the following:

- a. A clearly defined instructional purpose for the trip.
- b. A defined student/chaperone supervision ratio sufficient to meet reasonable safety requirements.
- c. A full accounting of the cost of the activity to be managed out of the local campus budget or activity fund.

- d. Documented pre-approved travel and transportation.
- e. A plan for medical emergencies.
- f. An explanation of any activity that may be hazardous and the safety procedures and precautions that will be taken to ensure student safety.
- g. A security plan for monitoring rooms during the night to ensure safety for participants.
- h. The request must be forwarded to the **Associate Superintendent of Instructional Leadership** or designee who will inform the Superintendent of Schools [see FMG (LOCAL)].

Teacher sponsor responsibilities for out-of-state, out-of-country, and/or overnight are as follows:

- a. Secure all approvals and notices prior to committing the District and collecting/raising funds. The school principal will forward the written request to the **Associate Superintendent of Instructional Leadership** for approval.
- b. Provide appropriate adult supervision. The ratio of students to chaperone will be determined by **Campus Principal**.
- c. Inform chaperones, in writing, and prior to the trip, of their full responsibilities while on the trip, including any special instructions, necessary for a successful trip.
- d. Secure parent/guardian permission (Parent/Guardian Approval for Student Participation form) in writing and retain in the possession of the sponsor. Sponsors and students may be required to complete other forms if the trip is being sponsored by an organization.
- e. The sponsor must be aware of students on prescribed medication and must keep and monitor the administration of the prescribed medication while on the trip. The sponsor must have a signed copy of the student's Physician/Parent Request for Administration of Medicine or Special Procedures by School Personnel, a copy of which may be obtained from the school nurse.
- f. Know what to do in the event of an accident or illness while on a trip. The teacher sponsor should:
  - Plan, with the school nurse, what to do in case of an accident or illness before leaving on the trip.
  - Render first aid for minor injuries, such as minor scrapes and cuts.
  - Call the local police department/emergency medical service for more serious injuries. If the emergency medical service transports the student to the hospital, the sponsor or his/her adult designee must accompany the student and remain with the student until the Parent/Guardian arrives.
  - Notify 1.) Principal, and 2.) Parent/Guardian.
  - Not assume hospital costs. This is the responsibility of the Parent/Guardian.
  - Upon return, make a report of the accident to the Principal who will provide a copy to the school nurse and the **Associate Superintendent of Instructional Leadership**.
- g. Frequently count the number of students, such as when the group arrives and departs from each activity. Implement a buddy system for use throughout the entire trip.

The following timeline will be followed when planning for field trips. Therefore, staff should plan accordingly when submitting documents for approval:

- UIL Sponsored Events – all required information must be submitted to the Associate Superintendent of Instructional Leadership at least **two weeks** prior to planned activity.
- Day Trips (RG Valley) – **two weeks** (Associate Superintendent of Instructional Leadership).
- Out-of-country field trips (overnight trips) – **four months** (Associate Superintendent of Instructional Leadership).
- Intra state field trips (overnight trips) – **four weeks** (Associate Superintendent of Instructional Leadership)

For each trip, the parent/guardian will be notified of the purpose of the trip and will complete the Parent/ Guardian Approval for Student Participation form, which will be returned to the school prior to the event.

Parent permission is required as follows:

- a. For each trip, a permission form (Parent/Guardian Approval for Student Participation) is necessary.
- b. The Parent/Guardian Approval for Student Participation form should include the following information:
  - Purpose(s) of the trip
  - Place(s) to be visited
  - Means of transportation
  - Date
  - Time of departure and return
  - Parent or guardian signature

Upon request of the Principal, additional information may be provided to Parent/Guardian in writing for trips such as:

- The name of the teachers who will supervise the trip
- Responsibility of the students
- Cost, if any, to the student
- Special arrangements, if any
- Itinerary

Chaperones must be: District employees; or

Chaperones must adhere to established basic guidelines (Raptor System) for District-sponsored functions and additional guidelines as may be developed by the individual school. Chaperones are responsible for attending any designated information or procedural meeting prior to and during the field trip as required by the school principal, sponsor, or designee.

The primary reason for the chaperones is to supervise a group of students. Chaperones are responsible for students and are expected to stay with their assigned group and monitor their behavior for the entire field trip from departure time until they return to school.

Chaperones must sign a form acknowledging their responsibilities as chaperones and must not be allowed to smoke, use tobacco products of any type, consume alcoholic beverages or illegal drugs, or to be involved in any illegal or immoral activity during the trip. [See FMG (EXHIBIT)]

The ratio of students to chaperones will be determined by the campus administrator.

Transportation for athletic UIL activities that are to be funded with local campus funds must follow District guidelines and procedures for field trips.

Transportation for all nonathletic UIL activities that does not involve overnight accommodations must be approved by the principal and Associate Director of Instructional Services using the Field Trip Checklist form.

Overnight trips will follow District guidelines.

# Planning for the Field Trip Checklist

{Check off as you complete}

- Submit all field trip forms to campus principal for approval **two weeks** prior to scheduling the trip.
- Notify nurse about the trip in advance.
- Notify cafeteria manager about lunch requests. (Even if you are not going to request lunch bags)/special diets.
- Work with secretary on bus request. (**must be submitted 7 days prior to event**)
- Create and submit (to campus principal) a list of students per sponsor/chaperone.
- Create and submit (office clerk) a list of students **not going** on the trip and whom they are staying with (teacher in another grade).
- Send out and account for all permission slips. Take all permission slips with you in a folder.
- Do **NOT** allow for parental permission over the phone.
- Remind parents that they cannot ride the MISD bus or chartered buses. Only school employees may ride the MISD bus or chartered buses.**
- Remind parents that if they are going on the field trip as chaperones—they cannot take any other children (younger siblings not enrolled in school).
- Remind parents that they may not take another child (who is enrolled in another grade level) on a field trip with a brother or a sister in another grade level.
- Account for bus driver(s) (Entry Fee and Lunch).
- Remind parents that if they wish to take their child home (in their own vehicle) from the field trip—they must fill out Parent-Providing Transportation.
- Work with Secretary on preparing checks (for entry fees, restaurants etc.) one week ahead of time.
- Account for all Special Education students in your grade level.
- Requisitions for Special Transportation buses need to be submitted for Special Education students requiring special transportation or students who are temporarily on wheel chairs or other assistive devices for mobility—unless otherwise cleared by administration.
- Buses must be back at school by 2:30 p.m., unless prior approval was granted by an administrator and it was noted/included on the permission slip.

## School Sponsors:

All Classroom Teachers will serve as sponsors/chaperones for any field trip. Below is a list of campus staff who qualify to be a chaperone on any of the upcoming field trips. Staff will be assigned by the principal.

- a. Administration
- b. Counselors
- c. Support Staff (Literacy Coach, Special Ed. Staff, Coaches, etc.)
- d. Nurse

## Guidelines for Field Trips

### Planning for the Field Trip Checklist

The following exhibits are used by the District:

- Exhibit - Excursion Checklist
- Exhibit - Form A (Overnight Trip) Proposal
- Exhibit - Form B (Day Trips – RGV) Proposal
- Exhibit - Form C (UIL-Overnight or Day Trip) Proposal
- Exhibit - Teacher Sponsor Responsibilities for Trips
- Exhibit - Parent-Provided Transportation Form (English/Spanish)
- Exhibit - Chaperone Statement Acknowledging Roles and Responsibilities(English/Spanish)
- Exhibit - Chaperone Duties (English/Spanish)
- Exhibit - Photograph Approval/Release
- Exhibit - Nurse Field Trip Form
- Exhibit - Bus Requisition (sample)

## Excursion Checklist

<b>Today's Date:</b>	Date of Trip:	Location/Destination: (address, city, state)		
<b>Campus:</b>	<b>Please select the one that best describes your trip:</b>			
	<input type="checkbox"/> Overnight Field Trips/Excursion: Out of the Country <b>Form A</b>	<input type="checkbox"/> Day field trips RGV (Valley) <b>Form B</b>	<input type="checkbox"/> UIL Sponsored Event ( <i>UIL Activities, Athletics, Cheerleaders, Band, or Drill Team</i> ) <b>Form C</b>	
<b>General Items:</b>	<p><b>Submit four weeks in advance (Intrastate)</b> <b>Submit four months in advance (Out of Country/State)</b></p> <input type="checkbox"/> Field trip requires proposal <b>Form A</b> <input type="checkbox"/> Method of payment: <input type="checkbox"/> Activity Fund, <input type="checkbox"/> Local Funds, <input type="checkbox"/> Other: _____ <input type="checkbox"/> Method of transportation: _____ <input type="checkbox"/> MISD Bus Requisition form ( <i>available from campus/dept. bookkeeper</i> ) <input type="checkbox"/> Sponsor Contact Information (Include Cell numbers) <input type="checkbox"/> Chaperones cleared a criminal background check ( <i>Use Raptor System</i> ) <input type="checkbox"/> Chaperone Statement of Acknowledging Responsibilities and Duties form from each chaperone <input type="checkbox"/> List of Student Names <input type="checkbox"/> Parent Meeting Sign In Sheet <input type="checkbox"/> Parent Meeting Agenda <input type="checkbox"/> Parent/Guardian Approval/Release Form ( <i>one completed copy</i> )	<p><b>Submit two weeks in advance</b></p> <input type="checkbox"/> Field trip requires proposal <b>Form B</b> <input type="checkbox"/> Method of payment: <input type="checkbox"/> Activity Fund, <input type="checkbox"/> Local Funds, <input type="checkbox"/> other: _____ <input type="checkbox"/> Method of transportation: _____ <input type="checkbox"/> MISD Bus requisition form( <i>available from campus/dept. bookkeeper</i> ) <input type="checkbox"/> Sponsor Contact Information ( <i>Include cell numbers</i> ) <input type="checkbox"/> Chaperones cleared a criminal background check ( <i>Use Raptor System</i> ) <input type="checkbox"/> Chaperone Statement of Acknowledging Responsibilities and Duties form from each chaperone <input type="checkbox"/> List of Student Names <input type="checkbox"/> Parent/Guardian Approval/Release Form ( <i>one completed copy</i> )	<p><b>Submit two weeks in advance</b></p> <input type="checkbox"/> Field trip requires proposal <b>Form C</b> <input type="checkbox"/> Method of payment: <input type="checkbox"/> Activity Fund, <input type="checkbox"/> Local Funds, <input type="checkbox"/> other: _____ <input type="checkbox"/> Method of transportation: _____ <input type="checkbox"/> MISD Bus requisition form( <i>available from campus/dept. bookkeeper</i> ) <input type="checkbox"/> Sponsor Contact Information ( <i>Include cell numbers</i> ) <input type="checkbox"/> Chaperones cleared a criminal background check ( <i>Use Raptor System</i> ) <input type="checkbox"/> Chaperone Statement of Acknowledging Responsibilities and Duties-form from each chaperone <input type="checkbox"/> List of Student Names <input type="checkbox"/> Parent/Guardian Approval/Release Form ( <i>one completed copy</i> )	
<i>Please submit all forms listed in section applicable to field trip.</i>				
<b>Instructional Focus:</b>	<input type="checkbox"/> Instructional purpose of the trip (clearly defined)	<input type="checkbox"/> Instructional purpose of the trip (clearly defined)	<input type="checkbox"/> Instructional purpose of the trip (clearly defined)	
<b>Itinerary:</b>	Detailed Itinerary (scheduled activities) <ul style="list-style-type: none"> <li><input type="checkbox"/> Security/Monitor at night</li> <li><input type="checkbox"/> Arrival Departure Info (flight/bus#)</li> <li><input type="checkbox"/> Nearest Medical Facility</li> <li><input type="checkbox"/> Medical Emergency Plans</li> <li><input type="checkbox"/> Hazardous Activity</li> <li><input type="checkbox"/> Packet forwarded to MISD Police Dept. (pddispatch@mcallenisd.net)</li> </ul>	<input type="checkbox"/> Detailed Bus Itinerary(Scheduled Itinerary) <input type="checkbox"/> Emergency Plan (Completed Form B)	<input type="checkbox"/> Emergency Plan (Completed Form C)	
<b>Final Approval:</b>	<input type="checkbox"/> Principal Approval Letter (District Travel Form)	Approval Path:	Approval Path:	
<b>Signatures Required:</b>	<input type="checkbox"/> Trip Coordinator <input type="checkbox"/> Principal <input type="checkbox"/> PD confirms K-9 Run and Attendance <input type="checkbox"/> Assoc. Supt./Director/ Coordinator/other (when applicable)	<input type="checkbox"/> Trip Coordinator Teacher/Coach <input type="checkbox"/> Principal <input type="checkbox"/> Funding Source Admin. Approval <input type="checkbox"/> Assoc. Supt./Director/ Coordinator/other (when applicable)	<input type="checkbox"/> Trip Coordinator Teacher/Coach <input type="checkbox"/> Principal <input type="checkbox"/> Funding Source Admin. Approval <input type="checkbox"/> Assoc. Supt./Director/ Coordinator/other (when applicable)	



**SCHOOL LEADERSHIP and ADMINISTRATIVE SERVICES DIVISION**

**Form A (OVERNIGHT TRIP) Proposal**

Please follow **Policy FMG (Local)** that pertains to school-sponsored trips, excursions, and tours, and District's field trip guidelines.

Campus: \_\_\_\_\_

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

<b>DESTINATION/LOCATION:</b> <i>(Place)</i>				<b>TRIP DATE/S:</b>	
<b>CITY &amp; STATE</b>				<b>DEPARTURE TIME:</b>	
<b>GROUP TRAVELING:</b> <i>(UIL, Student Council, PALS, Choir, Specific Grade level, etc)</i>				<b>RETURN TIME:</b>	
<b>LEARNING EXPECTATION:</b> <i>(Instructional Purpose of the Trip)</i>					
<b>OVERNIGHT ACCOMODATIONS:</b> <i>A plan to secure or monitor students at night:</i>	<b>HOTEL NAME:</b>	<b>ADDRESS:</b>	<b>PHONE:</b>		
<b>NUMBER OF STUDENTS:</b>	<b>GRADES:</b>	<b>NUMBER OF FACULTY:</b>	<b>NUMBER OF CHAPERONES/PARENTS:</b>		
<b>FUNDING SOURCE:</b> <i>(ex. General Operating, Activity Fund, Title I, Grant, fundraiser, parent funding, etc.)</i>					
<b>FUNDRAISER:</b>	<b>TYPE:</b>		<b>DATES:</b>		
<b>STUDENT PAYMENT PLAN FOR TRIP:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much per student?		
<b>TOTAL COST OF TRIP:</b>					
<b>NEAREST MEDICAL FACILITY:</b> <i>(Name,Address,Phone #)</i>					
<b>UNIQUE POTENTIAL HAZARDS:</b>	<b>EMERGENCY PLAN</b> 1. Plan with the school nurse 2. Render first aid for minor emergencies (include first aid kit) 3. Call 911 4. Notify parent/guardian 5. Contact school 6. Provide written notice upon return				
<b>TRAVEL AGENCY:</b>	<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE NO.:</b>		
<b>TRANSPORTATION:</b>	<b>AIRLINE:</b>	<b>BUS TRIP #:</b>	<b>OTHER:</b>		
<b>REVIEWED:</b> <i>(TRIP COORDINATOR/SPONSOR)</i>	<b>SIGNATURE:</b>			<b>DATE:</b>	
<b>APPROVED:</b> <i>(PRINCIPAL)</i>	<b>SIGNATURE:</b>			<b>DATE:</b>	
<b>APPROVED:</b> <i>(ASSOCIATE SUPERINTENDENT)</i>	<b>SIGNATURE:</b>			<b>DATE:</b>	





**SCHOOL LEADERSHIP and ADMINISTRATIVE SERVICES DIVISION**

*Form B (DAY TRIPS – RGV) Proposal*

*Please follow **Policy FMG (Local)** that pertains to school-sponsored trips, excursions, and tours, and District's field trip guidelines.*

Campus: \_\_\_\_\_

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

<b>DESTINATION/LOCATION:</b> (Place)			<b>TRIP DATE/S:</b>	
<b>CITY &amp; STATE</b>			<b>DEPARTURE TIME:</b>	
<b>GROUP TRAVELING:</b> (UIL, Student Council, PALS, Choir, Specific Grade level, etc)			<b>RETURN TIME:</b>	
			<b>TRIP SPONSOR:</b> (Name & Cell #)	
<b>LEARNING EXPECTATION:</b> (Instructional Purpose of the Trip)				
<b>NUMBER OF STUDENTS:</b>	<b>GRADES:</b>	<b>NUMBER OF FACULTY:</b>	<b>NUMBER OF CHAPERONES/PARENTS:</b>	
<b>FUNDING SOURCE:</b> (ex. General Operating, Activity Fund, Title I, Grant, etc.)				
<b>FUNDRAISERS:</b>	<b>TYPE:</b>	<b>DATES:</b>		
<b>STUDENT PAYMENT PLAN FOR TRIP:</b>	<input type="checkbox"/> Yes <span style="margin-left: 100px;">If yes, how much per student?</span> <input type="checkbox"/> No			
<b>TOTAL COST OF TRIP:</b>				
<b>NEAREST MEDICAL FACILITY:</b> (NAME, ADDRESS, PHONE #)				
<b>UNIQUE POTENTIAL HAZARDS:</b>	<b>EMERGENCY PLAN</b> 1. Plan with the school nurse 2. Render first aid for minor emergencies (include first aid kit) 3. Call 911 4. Notify parent/guardian 5. Contact school 6. Provide written notice upon return			
<b>TRANSPORTATION:</b>	<b>AIRLINE:</b>	<b>BUS TRIP #:</b>	<b>OTHER:</b>	
<b>REVIEWED:</b> (TRIP COORDINATOR/SPONSOR)	<b>SIGNATURE:</b>			<b>DATE:</b>
<b>APPROVED:</b> (PRINCIPAL)	<b>SIGNATURE:</b>			<b>DATE:</b>
<b>APPROVED:</b> (ASSOCIATE SUPERINTENDENT)	<b>SIGNATURE:</b>			<b>DATE:</b>



**SCHOOL LEADERSHIP and ADMINISTRATIVE SERVICES DIVISION**

***Form C (UIL-OVERNIGHT OR DAY TRIP) Proposal***

Please follow **Policy FMG (Local)** that pertains to school-sponsored trips, excursions, and tours, and District's field trip guidelines.

Campus: \_\_\_\_\_

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

<b>DESTINATION/LOCATION:</b> <i>(Place)</i>		<b>TRIP DATE/S:</b>							
<b>CITY &amp; STATE</b>		<b>DEPARTURE TIME:</b> <b>RETURN TIME:</b>							
<b>UIL GROUP TRAVELING:</b>		<b>TRIP SPONSOR:</b> <i>(Name &amp; Cell #)</i>							
<b>LEARNING EXPECTATION:</b> <i>(Instructional Purpose of the Trip)</i>									
<b>NUMBER OF STUDENTS:</b>	<b>GRADES:</b>	<b>NUMBER OF FACULTY:</b>	<b>NUMBER OF CHAPERONES/PARENTS:</b>						
<b>OVERNIGHT ACCOMODATIONS:</b> <i>A plan to secure or monitor students at night:</i>	<b>HOTEL NAME:</b>	<b>ADDRESS:</b>	<b>PHONE NO.:</b>						
<b>TRANSPORTATION:</b>	<b>AIRLINE:</b>	<b>BUS TRIP #:</b>	<b>OTHER:</b>						
<b>TRAVEL AGENCY:</b>	<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE NO.:</b>						
<b>FUNDING SOURCE:</b> <i>(ex. General Operating, Activity Fund, Title I, Grant, etc.)</i>									
<b>FUNDRAISERS:</b>	<b>TYPE:</b>	<b>DATES:</b>							
<b>STUDENT PAYMENT PLAN FOR TRIP:</b>	<input type="checkbox"/> <b>Yes</b> <span style="float:right">If yes, how much per student?</span> <input type="checkbox"/> <b>No</b>								
<b>TOTAL COST OF TRIP:</b>									
<b>NEAREST MEDICAL FACILITY:</b> <i>(NAME, ADDRESS, PHONE #)</i>									
<b>UNIQUE POTENTIAL HAZARDS:</b>	<p align="center"><b>EMERGENCY PLAN</b></p> <table border="0"> <tr> <td>1. Plan with the school nurse</td> <td>4. Notify parent/guardian</td> </tr> <tr> <td>2. Render first aid for minor emergencies (include first aid kit)</td> <td>5. Contact school</td> </tr> <tr> <td>3. Call 911</td> <td>6. Provide written notice upon return</td> </tr> </table>			1. Plan with the school nurse	4. Notify parent/guardian	2. Render first aid for minor emergencies (include first aid kit)	5. Contact school	3. Call 911	6. Provide written notice upon return
1. Plan with the school nurse	4. Notify parent/guardian								
2. Render first aid for minor emergencies (include first aid kit)	5. Contact school								
3. Call 911	6. Provide written notice upon return								
<b>REVIEWED:</b> <i>(TRIP COORDINATOR/SPONSOR)</i>	<b>SIGNATURE:</b>	<b>DATE:</b>							
<b>APPROVED:</b> <i>(PRINCIPAL)</i>	<b>SIGNATURE:</b>	<b>DATE:</b>							
<b>APPROVED:</b> <i>(ASSOCIATE SUPERINTENDENT)</i>	<b>SIGNATURE:</b>	<b>DATE:</b>							

## TEACHER SPONSOR RESPONSIBILITIES FOR TRIPS

### TEACHER SPONSOR RESPONSIBILITIES ARE AS FOLLOWS:

1. Secure all approvals and notices prior to committing the district and collecting/raising funds.
2. School Principal will forward the written request to the Associate Superintendent of Instructional Leadership for approval.
3. Provide written list of unique potential hazards and establish written precautionary rules of conduct. Provide appropriate adult supervision. The Campus Principal or instructional staff person/sponsor will determine the ratio of students per adult based on classroom/group needs.
4. Inform Chaperones, in writing, and prior to the trip, of their full responsibilities while on the trip, including any special instructions, necessary for a successful trip.
5. Secure Parent/Guardian permission (Parent/Guardian approval for student participation form) in writing and retain in the possession of the sponsor. Sponsors and students may be required to complete other forms if the trip is being sponsored by an organization.
6. The sponsor must be aware of students on prescribed medication and must keep and monitor the administration of the prescribed medication while on the trip. The sponsor must have signed copy of the student's physician/ parent request for administration of medicine or special procedures by school personnel, a copy of which may be obtained from the school nurse.
7. Know what to do in the event of an accident or illness while on trip. The teacher sponsor should:
  - a. Plan, with the school nurse, what to do in case of an accident or illness before leaving on the trip.
  - b. Render first aid for minor injuries, such as minor scrapes and cuts.
  - c. Call the local police department/ emergency medical service for more serious injuries. If the emergency medical service transports the student to the hospital, the sponsor of his/her adult designee must accompany the student and remain with the student until the Parent/Guardian arrives.
  - d. Notify the parent/ guardian.
  - e. Not assume hospital costs. This is the responsibility of the Parent/Guardian.
  - f. Upon return, make a report of the accident to the Principal who will provide a copy to the school nurse and the Associate Superintendent.
8. Frequently count the number of students, such as when the group arrives and departs from each activity. Implement a buddy system for use throughout the entire trip.



**McALLEN INDEPENDENT SCHOOL DISTRICT  
PARENT-PROVIDED TRANSPORTATION FORM**

We (I) are the parents (legal guardians) of \_\_\_\_\_, a child enrolled in the McAllen Independent School District.

We (I) hereby grant permission for the student named above to travel from \_\_\_\_\_ to \_\_\_\_\_ on date(s) \_\_\_\_\_ with (name of vehicle owner/operator): \_\_\_\_\_.

Each student and his/her parent or guardian agrees to assume all risk of and responsibility for personal injury or death to, or damage to or loss of property of, the student arising from, based upon or relating to the student's participation in the field trip. Each student and his/her parent or guardian understands and agrees that, in the event of any injury to the student, the District will not be held responsible for any decision relating to medical treatment for the student or for such treatment itself.

We (I) hereby waive, release, and discharge the McAllen Independent School District, its Trustees, officers, and employees from any claim, demand, or cause of action arising out of the transportation herein provided and agree to indemnify and save harmless the McAllen Independent School District and its employees from all claims for loss, damage, or injury sustained by us (me) or by our (my) child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if 18 years of age or over)



**DISTRITO ESCOLAR INDEPENDIENTE DE MCALLEN**  
**FORMA DE TRANSPORTE PROPORCIONADA POR PADRE**

Nosotros (Yo) somos los padres (guardianes legales) de \_\_\_\_\_,  
un niño matriculado en el Distrito Escolar Independiente de McAllen.

Nosotros (Yo) por este medio doy permiso para que el estudiante nombrado anteriormente viaje  
de \_\_\_\_\_ a \_\_\_\_\_ en la(s)  
fecha(s) \_\_\_\_\_ con (nombre del dueño/operador de vehículo): \_\_\_\_\_.

Cada estudiante y su padre o guardián están de acuerdo en asumir todo riesgo de y  
responsabilidad por daño personal o muerte a, o daño a o pérdida de la propiedad de, el  
estudiante que provenga de, basado sobre o todo lo relacionado de la participación del estudiante  
en el viaje de estudios. Cada estudiante y su padre o guardián entienden y están de acuerdo que,  
en caso de cualquier lesión al estudiante, el Distrito no será responsable de ninguna decisión  
relacionada con el tratamiento médico para el estudiante o por dicho tratamiento en sí mismo.

Nosotros (Yo) por este medio renunciamos, liberamos, y eximimos al Distrito Escolar  
Independiente de McAllen, a la mesa directiva, oficiales, y empleados de cualquier reclamo,  
demanda, o causa de la acción que provenga de la transportación aquí proporcionada y  
consentimos en indemnizar y aguardar de perjudicar al Distrito Escolar Independiente de  
McAllen y sus empleados de todo reclamo por perdida, daño, o lesiones contraídas por nosotros  
(mi) o por nuestro (mi) niño.

Firma del Padre/Guardián \_\_\_\_\_ Date \_\_\_\_\_

Firma del Estudiante \_\_\_\_\_ Date \_\_\_\_\_  
(Si tiene 18 años o más)

**CHAPERONE STATEMENT  
ACKNOWLEDGING RESPONSIBILITIES AND DUTIES**

**DISTRICT EMPLOYEE AND/OR OTHER:**

I, \_\_\_\_\_ chaperone of:

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Field Trip

\_\_\_\_\_  
Destination

\_\_\_\_\_  
Day/Dates

**Have read and understand all the responsibilities and duties as chaperone. I have accepted these responsibilities.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (*Principal, Sponsor and/or designee*)

Attach Raptor clearance  
sticker here.

*Fulfilling Our Promise*

**DECLARACIÓN DE ACOMPAÑANTE DE ESTUDIANTE(S)  
RECONOCIENDO SUS RESPONSABILIDADES Y DEBERES**

**EMPLEADOS DEL DISTRITO O ADULTOS ACOMPAÑANTES:**

Yo, \_\_\_\_\_acompañante de:

Nombre Completo

Viaje de Estudio

Destino

Día/Fechas

**He leído y entiendo todas las responsabilidades y deberes como el acompañante de estudiante(s). He aceptado estas responsabilidades.**

Firma

Fecha

Testigo (*Director(a), Patrocinador y/o persona designada*)

Pegue la etiqueta de  
autorización de  
Raptor aquí.

*Fulfilling Our Promise*



*James J. Ponce, Ed.D.*  
*Superintendent of Schools*

## **CHAPERONE DUTIES AND RESPONSIBILITIES**

CHAPERONES SHALL BE:

DISTRICT EMPLOYEES OR

ANY OTHER ADULT APPROVED BY THE PRINCIPAL AND SPONSOR OF THE FIELD TRIP WHO MEETS THE ELIGIBILITY REQUIREMENTS TO VOLUNTEER IN THE DISTRICT BEFORE THE TRIP IS SCHEDULED FOR DEPARTURE, INCLUDING A CRIMINAL BACKGROUND CHECK. (NOTE- A 'CLEARED' CRIMINAL BACKGROUND CHECK THRU YOUR CAMPUS RAPTOR SYSTEM IS REQUIRED OF ALL SCHOOL VOLUNTEERS AND NON- EMPLOYEE CHAPERONES.

THE PRIMARY REASON FOR THE CHAPERONES IS:

- **TO SUPERVISE A GROUP OF STUDENTS,**
- **RESPONSIBLE FOR STUDENTS,**
- **ARE EXPECTED TO STAY WITH THEIR ASSIGNED GROUP,**
- **MONITOR THEIR BEHAVIOR FOR THE ENTIRE FIELD TRIP FROM DEPARTURE TIME UNTIL THEY RETURN TO SCHOOL**

CHAPERONES SHALL ADHERE TO ESTABLISHED BASIC GUIDELINES FOR DISTRICT-SPONSORED FUNCTIONS AND ADDITIONAL GUIDELINES AS MAY BE DEVELOPMENT BY THE INDIVIDUAL SCHOOL. CHAPERONES ARE RESPONSIBLE FOR ATTENDING ANY DESIGNATED INFORMATION OR PROCEDURAL MEETING PRIOR TO AND DURING THE FIELD TRIP AS ARE REQUIRED BY THE SCHOOL PRINCIPAL SPONSOR OR DESIGNEE.

CHAPERONES SHALL SIGN A FORM ACKNOWLEDGING THEIR RESPONSIBILITIES AS A CHAPERONE AND SHALL NOT BE ALLOWED TO SMOKE. USE TOBACCO PRODUCTS OF ANY TYPE, CONSUME ALCOHOLIC BEVERAGE OR ILLEGAL DRUGS OR TO BE INVOLVED IN ANY ILLEGAL OR IMMORAL ACTIVITY DURING THE TRIP.

THE CAMPUS ADMINISTRATOR OR INSTRUCTIONAL STAFF PERSON/SPONSOR WILL DETERMINE THE RATIO OF STUDENTS PER ADULT BASED ON CLASSROOM GROUP NEEDS.

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**DEBERES DE ACOMPAÑANTE DE ESTUDIANTE(S) Y RESPONSABILIDADES**

LOS ACOMPAÑANTES DE ESTUDIANTE(S) SERÁN:

EMPLEADOS DEL DISTRITO O

CUALQUIER OTRO ADULTO APROBADO POR EL DIRECTOR(A) Y EL PATROCINADOR DEL VIAJE DE ESTUDIOS QUE LLENE LOS REQUISITOS DE ELEGIBILIDAD DE VOLUNTARIO PARA EL DISTRITO ANTES DE QUE EL VIAJE ESTE PROGRAMADO PARA SU SALIDA, INCLUYENDO UNA REVISION DE ANTECEDENTES CRIMINALES. (NOTA - SE REQUIERE UNA REVISION DE ANTECEDENTES CRIMINALES 'APROBADO' SE UTILIZARA EL SYSTEMA RAPTOR DE LA ESCUELA, DE TODOS LOS VOLUNTARIOS ESCOLARES Y ACOMPAÑANTES DE ESTUDIANTE(S) QUE NO SEAN EMPLEADOS POR EL DISTRITO.

LA RAZÓN PRINCIPAL DE LOS ACOMPAÑANTES DE ESTUDIANTE(S) ES:

- SUPERVISAR A UN GRUPO DE ESTUDIANTES,
- RESPONSABLES DE LOS ESTUDIANTES,
- SE ESPERA QUE SE QUEDEN CON SU GRUPO ASIGNADO,
- SUPERVISEN SU COMPORTAMIENTO DURANTE TODO EL VIAJE DE ESTUDIOS A PARTIR DEL TIEMPO DE SALIDA HASTA QUE ELLOS REGRESEN A LA ESCUELA.

LOS ACOMPAÑANTES DE ESTUDIANTE(S) SE ADHERIRÁN A PAUTAS BÁSICAS ESTABLECIDAS PARA EL DISTRITO - FUNCIONES PATROCINADAS Y PAUTAS ADICIONALES COMO PUEDEN SER DESARROLLADAS POR LA ESCUELA INDIVIDUAL. LOS ACOMPAÑANTES DE ESTUDIANTE(S) SON RESPONSABLES DE ASISTIR A CUALQUIER INFORMACIÓN DESIGNADA O REUNIÓN PROCESAL ANTES DE Y DURANTE EL VIAJE DE ESTUDIOS COMO SEAN REQUERIDOS POR EL DIRECTOR(A) ESCOLAR. PATROCINADOR, O PERSONA DESIGNADA.

LOS ACOMPAÑANTES DE ESTUDIANTE(S) FIRMARÁN UNA FORMA DONDE RECONOCE SUS RESPONSABILIDADES COMO UN ACOMPAÑANTE DE ESTUDIANTE(S) Y NO SE LE PERMITIRA FUMAR. UTILIZAR PRODUCTOS DE TABACO DE CUALQUIER TIPO, CONSUMIR BEBIDAS ALCOHÓLICAS O DROGAS ILEGALES. O ESTAR INVOLUCRADO EN CUALQUIER ACTIVIDAD ILEGAL O INMORAL DURANTE EL VIAJE. (OBJETO EXPUESTO de FMG)

LA PROPORCIÓN DE ESTUDIANTES A ACOMPAÑANTES DE ESTUDIANTES SERÁ DETERMINADA POR EL/LA DIRECTORA.

EL ADMINISTRADOR O EL PERSONAL EDUCACIONAL PERSON/SPONSOR DEL CAMPUS DETERMINARÁ EL COCIENTE DE ESTUDIANTES POR EL ADULTO BASADO EN NECESIDADES DE CLASSROOM GROUP.

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On behalf of my child \_\_\_\_\_, I hereby give consent to the use of photographs, videotapes, film and recordings for broadcast, the Internet and other uses by McAllen ISD, McAllen, Texas and accompanying media.

In giving this consent, I release McAllen ISD, their agents, and assigns from any liability for any violation of any personal or property rights which I might have in connection with such materials and waive any right to approve accompanying written or narrative material.

Campus \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/ Or Guardian

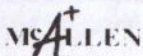
En beneficio de mi hijo(a), \_\_\_\_\_, por este conducto, doy permiso para el uso de fotografías, videos, películas y grabaciones de comunicación, la internet y otros usos o medios por el distrito escolar de McAllen, Texas y medios de comunicación.

Doy mi permiso y dejo libre de responsabilidad al Distrito y a sus agentes de cualquier violación personal o derechos de propiedad que pueda estar conectados con el material y cedo el permiso para que se use el material por escrito o como sea necesario.

Escuela \_\_\_\_\_

Fecha \_\_\_\_\_

\_\_\_\_\_  
Padre o Tutor Legal



Office Phone No. 632-3211

TRANSPORTATION DEPARTMENT SCHOOL BUS REQUISITION FOR TRIP

No. [Redacted]

Transportation Department

The Future of McAllen

Is In Our Bus....

Date Received

FUND	FUNCTION	CLASS/OBJECT	SUB OBJECT	ORGANIZATION	PROGRAM CODE

BUSINESS OFFICE CHARGE TICKET

CAMPUS \_\_\_\_\_

Date Needed \_\_\_\_\_

Time Needed \_\_\_\_\_  A.M.  P.M.

(Requests between 3:00-4:00 p.m.. must be authorized by Transportation)

Estimated Time of Return \_\_\_\_\_  A.M.  P.M.

(Buses must return to department no later than 2:30 pm)

Nt \_\_\_\_\_

Elk \_\_\_\_\_

Pu \_\_\_\_\_

For \_\_\_\_\_

Sp \_\_\_\_\_

This form may be obtained thru your campus/department bookkeeper

► Departure Location and/or Specific Area \_\_\_\_\_

► Destination Location \_\_\_\_\_

\*Special Instructions:

(Shuttle Groups, Drop-off/Pick-Up, Go Eat, Etc.)

chair students

4th - 5th

Check all that apply: (if transporting on bus)

Band Instruments  Athletic Equipment

Baggage/Luggage  Ice Chests

or Specify Group:  Cheerleaders  Dance Team

Responsible Adult on Bus \_\_\_\_\_

Phone No \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

Date \_\_\_\_\_

(Authorization must be by Principal / Director / Administrator / Asst. Superintendent)

FIELD TRIP WILL BE CHARGED 30 MINUTES BEFORE TIME NEEDED AND 30 MINUTES AFTER TIME OF RETURN

FOR TRANSPORTATION USE

FUND	FUNCTION	CLASS/OBJECT	SUB OBJECT	ORGANIZATION	PROGRAM CODE

BUSINESS OFFICE CHARGE TICKET

DRIVER \_\_\_\_\_

ROUTE NO \_\_\_\_\_

Hrs.....X \$ 10.50=

Miles.....X\$ 3.50 =

Hrs.....X \$ 10.50=

Miles.....X\$ 3.50 =

Hrs.....X \$ 10.50=

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Hrs.....X \$ 10.50=

Miles.....X\$ 3.50 =

COMMENTS

Invoice Total

Trip 1/Day 1

2) END Mileage \_\_\_\_\_ Time IN \_\_\_\_\_ am/pm

1) START Mileage \_\_\_\_\_ Time OUT \_\_\_\_\_ am/pm

TOTAL Mileage \_\_\_\_\_ TOTAL Hrs \_\_\_\_\_

TRIPS EXCEEDING 8 HRS : MEAL BREAK  30 min  1Hr

Sponsor/Coach Signature \_\_\_\_\_

Trip 2/ Day 2

2) END Mileage \_\_\_\_\_ Time IN \_\_\_\_\_ am/pm

1) START Mileage \_\_\_\_\_ Time OUT \_\_\_\_\_ am/pm

TOTAL Mileage \_\_\_\_\_ TOTAL Hrs \_\_\_\_\_

TRIPS EXCEEDING 8 HRS : MEAL BREAK  30 min  1Hr

Sponsor/Coach Signature \_\_\_\_\_



**COMPREHENSIVE SCHOOL HEALTH DEPARTMENT  
IN DISTRICT AND OUT OF DISTRICT FIELD TRIP  
PARENTAL PERMISSION FOR TRAVEL FORM**

**Student's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Trip Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Destination:** \_\_\_\_\_

**Custodial Parent/guardian #1:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Custodial Parent/guardian #2:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #(s):** \_\_\_\_\_

**Health Insurance Co.** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

I, the undersigned parent/guardian of \_\_\_\_\_, do hereby authorize my child to participate in a field trip. I am aware the field trip requires travel inside and/or outside of the City of McAllen and I have been informed of the details regarding the field trip, including the destination(s), mode(s) of transportation, name(s) of adult chaperones, and time and place of departure and return.

I understand that during this field trip, my child will be under the direction and general supervision of the \_\_\_\_\_ (school) and adult chaperones selected by school representatives, and that my child is subject to discipline for his/her conduct during the trip.

**MEDICAL RELEASE**

In the event my child, \_\_\_\_\_, needs medical attention during the field trip to \_\_\_\_\_ (destination), I hereby give my permission to \_\_\_\_\_ (school) representatives for the trip to take my child to a physician, hospital, or other medical institution for treatment. I expressly authorize any and all medical treatment, which a physician determines necessary under the circumstances and understand that it may not be feasible to contact me prior to the provision of medical treatment to my child. I understand and agree that I, and/or my child's other parent(s)/legal guardian(s), am responsible for all medical expenses incurred in treating my child unless it is a UIL related injury and that the \_\_\_\_\_ (school) representatives for the field trip are not responsible for such expenses.

PLEASE SIGN AND RETURN THIS FORM TO \_\_\_\_\_ (school personnel)

**YOUR CHILD MAY NOT PARTICIPATE IN THE FIELD TRIP IF THIS FORM IS NOT RETURNED.**

**(TURN OVER & COMPLETE BACK OF FORM)**

**THANK YOU.**



In addition, I authorize \_\_\_\_\_ (school) representatives for the field trip to administer/dispense the prescription and/or non-prescription medications indicated on this form to my child as appropriate. I understand that I must complete this form and provide to school representatives any medications I want administered/dispensed to my child during the field trip in order for such medications to be administered/dispensed.

**Medical condition(s) that may affect student during field trip:**

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**Student is allergic to:**

---

**My child has special dietary needs such as:**

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**PRESCRIPTION MEDICATIONS:** List each prescription medication that the student is to take while on the field trip, the instructions for administration of each medication, and the medical condition for which the medication is needed.

Medication	Instructions	Medical Condition

**NON-PRESCRIPTION MEDICATIONS:** List each non-prescription medication that the student is to take while on the field trip, the instructions for administration of each medication, and the medical condition for which the medication is needed.

Medication	Instructions	Medical Condition

I verify that the above information is accurate and that the appropriate medications have been provided to school staff in their original containers and with appropriate labels.

**Dated this** \_\_\_ **day of** \_\_\_\_\_, **2010.**

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_