Educational Purpose of the Activity

Field Trips need to be educational and not cause excessive loss of class time. Missed classroom instructional time should be kept to a minimum. The educational purpose of the activity must be a direct result of a course curriculum, required co-curricular activity, or an athletic competition. Advisors/coaches/teachers and Adult Supervisors must always be cognizant that students are their responsibility from the time of departure and until the final moment of the trip itinerary. District liability extends beyond merely normal instructional hours. Trips should never be used as an incentive for students to participate in a program. Field Trips are NOT tourist activities, retreats, nor informal gatherings. Those will not be approved.

Person Making the Request: The person making the request must be a district-approved advisor, coach, or teacher of the organization/team/class. Parents and students are not authorized to submit trip requests.

Funding Source: As per California Education Code, no student may be denied participation in a trip based upon the inability to pay for a trip. The cost of a trip should reflect fiscal responsibility on the part of the advisor/coach/teacher. Participation in non-school related events requiring additional expenses should not be required during the course of a trip.

California Education Code 35330 Excerpt

(d) Provide supervision of pupils involved in field trips or excursions by *certificated* employees of the district. No pupil shall be prevented from making the field trip or excursion because of lack of sufficient funds. To this end, the governing board shall coordinate efforts of community service groups to supply funds for pupils in need of them. No group shall be authorized to take a field trip or excursion authorized by this section if any pupil who is a member of such an identifiable group will be excluded from participation in the field trip or excursion because of lack of sufficient funds.

Dates of the Trip: Trips should not be scheduled for days beyond those needed to appropriately complete the educational purpose of the trip. Any trip requiring multiple days of missed classroom instruction will be evaluated based upon its educational merits. The district believes that the maximization of productive classroom instructional minutes is a core element of an effective school. Recreational activities should not be added on as part of the trip (i.e., Disneyland, etc).

Adult Supervisor to Student Ratio: There must be a minimum of one Adult Supervisor for every ten students. When there are both male and female students on a trip, there should be both male and female Adult Supervisors. Each trip must have a district employee present as an Adult Supervisor and must be present at all times.

The principal and Deputy Superintendent Administrative Services reserve the right to approve the selection of all Adult Supervisors. If an employee needs a substitute, the site principal must be informed of the need and the employee must make arrangements for the substitute a minimum of one week prior to the trip. Classified employees, who are not coaches, are not to be utilized as Adult Supervisors during the course of their regular work schedule. For overnight field trips, Adult Supervisors will be fingerprinted and cleared through District Administrative Services before the start of the field trip.

Supervision of Students: Students should never be allowed to be beyond the immediate supervision of an Adult Supervisor. Advisors/coaches/teachers should not allow students to go off alone and "report back" at a prescribed time. **Staff/Coaches/Adult Supervisors must never use alcohol or drugs while on a field trip**. All Adult Supervisors must read and sign the AUHSD Field Trip Adult Supervisor Expectations and Agreement form. The advisor/coach/teacher in charge must be familiar with these expectations by the beginning of the field trip.

Travel: All trips must depart from either a school site or a transportation hub. Trips may not use public or private parking lots as a departure or return location. Advisors/coaches/teachers must consider motor vehicle driving restrictions (e.g. times of the day juveniles can drive) when establishing departure and return times. Students may not drive themselves to/from a field trip.

District approved modes of transportation:

Parent's personal cars with approved Volunteer Personal Automobile Use form District buses
BART
Public Buses
Rental vehicles with District approved drivers
Uber/Lyft/Taxi's with at least one Adult Supervisor in each vehicle
Airplane
Ferry

Itinerary: The itinerary should reflect each major activity undertaken by a group and cover the complete day and night (if applicable). The itinerary should not deviate from the approved Field Trip Request Form without school/district administrative authorization. "Free time" on field trip forms should be limited to 2 hours or less.

Signatures: The site principal must approve a trip prior to any consideration by district office staff. The Deputy Superintendent of Administrative Services will verify the appropriateness of the documents provided by sites when all documents are submitted. If the Deputy Superintendent agrees that the trip meets AUHSD standards, the Field Trip Request will be placed on the next board meeting agenda. Should the AUHSD Governing Board choose not to authorize a field trip, the school principal will be notified within 48 hours of the meeting. All overnight field/student trip requests are listed on the <u>AUHSD Governing Board agendas</u> located on the district website.

Emergency Procedures: The advisor/coach/teacher must carry the Emergency Medical Information form and the Parent Authorization of Student Field Trip form for each student. An emergency contact phone number for a school or district administrator must be possessed by advisors/coaches/teachers participating in the trip. Should a serious discipline situation occur during the course of the trip, a school or district administrator must be called. No student should ever be sent home or separated from a group or team without prior approval from an administrator.

 30 Days Prior to the field trip, please submit these forms to the Principal's Assistant
for field trip approval:
 One Day Field Trip Request Form - all fields on the form must be filled in detail
including the itinerary for the field trip.
 Volunteer Personal Automobile Use form with a copy of their insurance
declaration page and valid CA Driver License for all drivers on the field trip.
Forms, declaration page, and CDL must be attached.
 Adult Supervision Expectations and Agreement form for all adult supervisors.
 Ensure you have one Adult Supervisor for every 10 students. One
AUHSD staff member and/or Adult Supervisor must be present at all
times.
 Ensure every adult supervisor knows what to do in event of an
emergency and has contact information for staff.
 Two Weeks Prior to the field trip, please submit a copy of these student forms to
the attendance office for all participating in the field trip:
 Parent Authorization of Student Field Trip
Emergency Medical Information
 Two Weeks Prior to the field trip, if using a district bus for transportation, please
submit your signed Request for Transportation to Jaylene Watson
jwatson@auhsdschools.org
One Week Prior to the field trip, if a substitute is needed during your field trip,
 please arrange for one with the Principal's Assistant.

Morning of the field trip, please ensure that you have with you the Parent

Authorization of Student Field Trip forms and the Emergency Medical Information

Enclosed:

- One Day Field Trip Request Form
- Volunteer Personal Automobile Use Form
- Adult Supervision Expectations and Agreement

forms for every student attending the field trip.

- Parent Authorization of Student Field Trip and Emergency Medical Information forms
- Request for Transportation Form

Activity:			Loca	ition:		
Request Submission Date:			Sch	ool:		
Day/Date of Trip:						
Educational Purpose:						
Staff Member Making the Rec	quest/Positio	n:				
Organization Making the Requ						
Number of Students Involved	in this Activit	у. <u> —</u>		Cost Per Student:		
Funding Source:						
Departure:			Return:			
Time:						
Location:						
Adult Supervisors: A ratio of	1 adult for eve	ery 10 s	students is rec	ıuired. *		
Name	DRI YES	VER or NO	Name		DRI' YES (VER or NO
1.			4.			
2.			5.			
3.			6.			
ne AUHSD staff member must be present xempt from exclusion.	at all times. Clas	sified er	mployees may no	ot attend as Adult Supervisors. NCS o	oachin	ıg staff
·						
Drivers must complete a Volunte be attached and turned in with you				form with car insurance docum	ents r	nust
Mode of Transportation			Check ALL	that apply		
☐ Personal Car(s)			☐ Air			
☐ Rental Car(s)				Other Rail		
☐ Bus(es)			☐ Ferry			

<u>Time</u>	<u>Event</u>	Location
1		
ff Contact Information:		
ling Address:		
	home:	cell:
nature:		
iaturo.		
	Approval of Activity	
ncipal's Signature		Date



School Personnel Signature

Acalanes Union High School District

Volunteer Personal Automobile Use You can complete this form on your own computer. To move from field to field, use the Tab key. You may then print the document and if desired, save the document template to your own computer. Duplicate fields will be repopulated after your first entry.

Affiliated Student's Name:		Date:	
Grade: Student ID#:	School:		
		ame of School)	
Activity / Sport:		_ Season:	pring
Please attach a <u>current</u> copy of the follo	<mark>owing:</mark>		
Automobile Insurance Coverage Declar	ration (not a bill) Ualid	CA Driver License w/current addres	S
Driver's Name:			
Phone: Cel	l:	_	
Vehicle Yr., Make, Model:			
Vehicle License No.		iding Driver):	_
Automobile Liability Insurer:			
Policy No.:			
I certify that I have met the minimum vehicle	\$100,000; Total Each Accident - \$300,0 Accident - \$25,000 and - \$100,000; Total Each Accident - \$300,0 and - \$100,000; Total Each Accident - \$300; Medical Payments Each Individual - \$100,000; Total Each Accident - \$300,000; Total Each Accident - \$300,000	\$5,000 \$5,000 of students to school-related activities. I unders a personally or privately owned vehicles. Recosts associated with an accident and are a collowing: d I agree to inform the District in writing if therefree service.	ather, the
Driver Signature	Date		
Indemnity Provision (Vehicle Owner) Vehicle owner agrees and accepts his/her obligation	to manage and control his/her vehicle	e in a safe and lawful manner Vehicle owner.	anrees to
defend and indemnify the Acalanes Union High Schoo that arises out of, or is in any way connected to, the op	l District, its employees, officers and ag	gents from any claim, action or lawsuit brought l	by anyon
Owner Name (print)	 Signature	 Date	
	DISTRICT LISE ONLY		

Date

□ Denied

☐ Approved

Activity:	Location:
Date(s) of Field Trip:	School:
Supervising Teacher/Coach:	
Name of Adult Supervisor:	Cell Phone #:
Emergency Contact:	Emergency Contact Phone #:

All Adult Supervisor are required to do the following:

- Supervise all students assigned to them at all times for the entire duration of the activity
- Follow and enforce all school rules and AUHSD policies and immediately report any violation of school rules/policies to the supervising teacher/coach.
- Immediately report any unsafe, disciplinary incident or situation to the supervising teacher/coach.
- For Overnight Field Trips, you **MUST** obtain fingerprint clearance by HR. Please call the District Office at 925-280-3900 for a fingerprinting appointment.

Adult Supervisors are not permitted to consume alcohol or be under the influence of any controlled substance while participating in a school function.

I certify that I am cognizant of all the inherent dangers associated with my voluntary participation in this program including but not limited to accidents, illness, civil and/or international strife, terrorism, breaches of airport and/or airline security, and any other harm, injury, illness or damage which may befall me. I also understand that neither the Acalanes Union High School District nor any of its agents serve as guardians or insurers of my safety. In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospitals or facility furnishing medical or dental services as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

As stated in California Education Code 35330, I understand that I waive all claims against the District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

The supervising teacher or sponsor will discuss field trip rules and safety requirements with students and adult supervisors prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the students and adults to potential harm or injury, potentially including death. Students and adults are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior.

I fully understand and agree that my failure to follow field trip rules or safety requirements may result in myself being sent home, at my expense, and that I may be barred as a result from future field trips.

I have read this Agreement and will adhere to the above expectations while supervising students on						
this field trip.						
Name:	Signature:	Date:				



Acalanes Union High School District PARENT AUTHORIZATION OF STUDENT FIELD TRIP

This form <u>must be on file in the attendance office 72 hours prior to trip</u>. In no case will the student be permitted on the field trip if the form is not on file with the parent/guardian signature.

School:									
Student	Name:						Grade	e:	
Destinat	ion and Purpose:								
Date of	Ггір: Deŗ	parture Tir	me:			Return	Time:		
Method	of Transportation:			Sta	aff Spon	isor:			
Period o	of Absence: Sponsoring staff me	mber mus	st draw	lines thr	ough p	eriod be	low not	include	d.
	Period	1	2	3	4	5	6	7	
		PARENT	APPR	OVAL					_
student's All persor	ent/guardian(s), by acknowledging the participation in this field trip is strictly as making the field trip or excursion slong for injury, accident, illness, or dear	y voluntary hall be dee	y, not re med to h	quired at	ttendand ved all c	e. laims ag	ainst the	e District	or the State
excursion	it-of-state field trips or excursions a is shall sign a statement waiving such ip Regulations:		ents or	guardian	ns of pu	pils takir	ng out-o	f-state fi	eld trips or
1. S tr 2. S 3. S 7. 4. S 5. S	Students shall obey all transportation ransportation as departure, unless parent/guardian. Students shall comply with all applicability and be denied future field fules are not observed. Sponsors and adult chaperones will disponsors will be respon sible for obtoformation on the field trip.	ri or writter le school a trips and b scuss field	n pe rmis and Distr e sent h trip rules	ssion is good ict rules to the same is and safe safe safe safe safe safe safe safe	granted throughon the par fety with	by site out the corent/guar	adminisourse of dian(s)	trator to the field expense the field	return with trip. , if field trip
♦ F	or additional field trip forms, pleas	e refer to t	the Dist	rict web	site aca	lanes.k1	2.ca.us		
I certify t	hat all Emergency Medical Informa	tion on file	e with th	ne Distri	ct is cui	rent as	of the d	ate of th	is trip.
Parent/G	uardian Signature Da	ate							

Acalanes Union High School District STUDENT FIELD TRIP AUTHORIZATION EMERGENCY MEDICAL INFORMATION

Student's Name:	Date:
School:	Grade:
Parent/Guardian:	Home Phone:
Work Phone #1:	Work Phone #2:
Name of Physician:	Physician Phone:
Name of Dentist:	Dentist Phone:
Medical Insurance Company:	
Group/Coverage Number:	
Allergic to the following:	
Taking the following medication(s):	
Special Instructions:	
I hereby give my consent to the Acalar	nes Union High School District
to authorize any emergency medical	
·	gical diagnosis or treatment and hospital care needed to be
Dental Practice Act.	n, surgeon, medical practitioner, or under provisions of the
- 1/O I' O' I	
Parent/Guardian Signature	Date

calanes Union High School District Request for Transportation

-			Request Dat	te	
Sport/Class/Club			Requested E	Ву	
Storage	YES NO	# of Buses	# of Passenger	rs	
Trip Date _				Bus #1	Bus #2
Pick Up Address			Bus Arrival Tir	me	
<u>-</u>			Bus Leave Tir		
-			Destinati Arrival Tir Destinati	ne	
Pick Up Location _			Leave Tir Completed T	ne rip	
-			Drop (Off	
Destination Address			**SPE	CIAL INSTRUCTIO	NS**
-					
Destination/Drop Off					
-					
Faculty/Supe	ervisor/Coach	who will ride bus			
Faculty/Supe	ervisor/Coach				
Funding Source_		Telephone #	Purchase Order		

Email completed form to jwatson@auhsdschools.org

AUHSD Transportation Use Only								
		Trip			Bus #1	Bus #2		
Trip#		Confirmation		Price:	\$	\$		
Submitted to		Date		Total				
Bus Service		Date		Estimated Price:	\$			