



Acalanes Union High School District Overnight Field/Student Trip General Guidelines

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 [AUHSD Governing Board agendas](#) 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.



Acalanes Union High School District Overnight Field Trip Procedures and trips over 150 miles

- Overnight Field Trip requests, within California, **must** be received by the Principal **three months prior** to the trip.
- Overnight Field Trip requests, outside of state/country, **must** be received by the Principal **eight months prior** to the trip

 Three months (or eight months for out of state/country) Prior to the field trip, please submit these forms to the Principal's Assistant for field trip approval:

- Overnight Field Trip Request Form - all fields on the form must be filled in detail including the itinerary and lodging for the field trip.
- Volunteer Personal Automobile Use Form - if personal cars are used for transportation, each driver must fill out this form with a copy of their insurance declaration page and a copy of a valid CA Driver License. All the forms, declaration pages, and CDLs must be attached to the field trip form. These forms will be reviewed by the Principal's Assistant and then will be submitted for Principal's signature.
- 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.
 - All Adult Supervisors must be fingerprinted and cleared **prior** to the trip.

After the Principal approves your overnight field trip, the Principal's Assistant will send the form and all the attached forms to the district, for review by student services, to be approved at the next board meeting.

At this time HR will sign off if all Adult Supervisors have been fingerprinted and/or have an appointment scheduled.

After the board meeting, student services will notify the Administrative Assistant that the board has approved your field trip. If your overnight field trip was not approved or needs changes, you will be notified by the district.

After notification of board approval, you may book lodging, airfare, and transportation. This should be done through the school financial offices. Individuals should not make travel purchases on private credit cards. Your financial office at your site will be able to help you make those purchases.

_____ **Two Months 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

_____ **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

_____ **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 forms for every student attending the field trip.

Enclosed:

- Overnight Field Trip Request Form
- Volunteer Personal Automobile Use Form
- Adult Supervision Expectations and Agreement
- Parent Authorization of Student Field Trip and Emergency Medical Information forms
- Request for Transportation Form



Acalanes Union High School District Overnight Field Trip Request Form

For Overnight Field Trips and/or Field Trips Over 150 Miles

NOTICE TO STAFF

- An overnight trip or event request within California **must** be received by the site principal **three months prior** to the trip.
- An out of state/country trip **must** be received by the site principal a minimum of **eight months prior** to the trip.

Activity: _____ Location: _____

Request Submission Date: _____ School: _____

Day(s)/Date(s) of Trip: _____

Educational Purpose:

Staff Member Making the Request/Position: _____

Organization Making the Request: _____

Number of Students Involved in this Activity: _____ Cost Per Student: _____

Funding Source: _____

Departure:

Date/Time: _____

Location: _____

Return:

Date/Time: _____

Location: _____

Adult Supervisors: A ratio of 1 adult for every 10 students is required. *

Name	DRIVER YES or NO	FP Clear	Name	DRIVER YES or NO	FP Clear
1.	<input type="checkbox"/>	<input type="checkbox"/>	4.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	5.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	6.	<input type="checkbox"/>	<input type="checkbox"/>

* Principal's Assistant will verify all Volunteer Personal Automobile Use forms.

* HR will verify fingerprint clearance and/or fingerprinting appointment.

* This Field Trip is qualified by evidence of fingerprint clearance by the CA Department of Justice before trip attendance. One AUHSD staff member and/or Adult Supervisor must be present at all times. Classified employees may not attend as Adult Supervisors. NCS coaching staff exempt from exclusion.

Drivers must complete a [Volunteer Personal Automobile Use](#) This form with car insurance documents **must** be attached and turned in with your Field Trip Request Form.

Mode of Transportation	Check ALL that apply
<input type="checkbox"/> Personal Car(s)	<input type="checkbox"/> Air
<input type="checkbox"/> Rental Car(s)	<input type="checkbox"/> BART or Other Rail
<input type="checkbox"/> Bus(es)	<input type="checkbox"/> Ferry

Preliminary Lodging Arrangements: Required for **ALL** Overnight Trips.

Lodging Date(s): _____
Business Name: _____ Phone: _____
Business Address: _____

Lodging Date(s): _____
Business Name: _____ Phone: _____
Business Address: _____

Lodging Date(s): _____
Business Name: _____ Phone: _____
Business Address: _____

Staff Contact Information:

Mailing Address: _____
Phone Number(s): work: _____ home: _____ cell: _____
Email address: _____
Signature: _____

Approval of Activity	
Principal's Signature	Date

Superintendent Designee

Date

Schedule: Please list below the activity breakdown for each day of Field Trip.

Day/Date: _____

Free time limited to 2 hours.

<u>Time</u>	<u>Event</u>	<u>Location</u>

(Complete and print this page as needed)



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: _____
(Full Name of School)

Activity / Sport: _____ Season: Fall Winter Spring

Please attach a current copy of the following:

Automobile Insurance Coverage Declaration (not a bill) Valid CA Driver License w/current address

Driver's Name: _____

Phone: _____ Cell: _____

Vehicle Yr., Make, Model: _____

Vehicle License No. _____ Passenger Capacity (Including Driver): _____

Automobile Liability Insurer: _____

Policy No.: _____ Expiration Date of Policy: _____

I certify that I have met the minimum vehicle insurance requirements per occurrence as listed below.

- Bodily Injury Liability (BI): Each Individual - \$100,000; Total Each Accident - \$300,000
 - Property Damage Liability (PD): Total Each Accident - \$25,000
 - Medical Payments Each Individual - \$5,000
 - Uninsured Motorist Coverage: Each Individual - \$100,000; Total Each Accident - \$300,000
- OR**
- Combined Single Limit (BI & PD): \$300,000; Medical Payments Each Individual - \$5,000
 - Uninsured Motorist Coverage: Each Individual - \$100,000; Total Each Accident - \$300,000

Certification and Authorization

I have agreed to use my personally or a privately owned automobile for the transportation of students to school-related activities. I understand that Acalanes Union High School District does NOT provide insurance coverage for such personally or privately owned vehicles. Rather, the vehicle owner and driver are responsible for all for such insurance coverage and all costs associated with an accident and are advised to consult their insurance policy regarding coverage. By signing this form I also certify the following:

1. All the information I have provided in this form is correct and accurate.
2. I have automobile liability insurance coverage currently in force as indicated, and I agree to inform the District in writing if there are any changes to that policy or in other information provided during the course of my volunteer service.
3. I have a valid California Driver License and I am 23 years of age or older.
4. Every passenger in the car has an operating seatbelt which must be used.
5. The vehicle rated capacity may not be exceeded in the vehicle I am driving.
6. The vehicle I am driving is properly registered and is safe and in good operating condition.
7. Student drivers may not transport other students on any field trip or school-related activity.
8. I agree to abide by all current applicable provisions of the California Vehicle Code.
9. I accept the terms of the indemnity provision below.
10. I have carefully read this form.

Driver Signature Date

Indemnity Provision (Vehicle Owner)

Vehicle owner agrees and accepts his/her obligation to manage and control his/her vehicle in a safe and lawful manner. Vehicle owner agrees to defend and indemnify the Acalanes Union High School District, its employees, officers and agents from any claim, action or lawsuit brought by anyone that arises out of, or is in any way connected to, the operation of the owners of the private vehicle pursuant to this certificate and authorization.

Owner Name (print) Signature Date

DISTRICT USE ONLY

School Personnel Signature Date

Approved Denied



Acalanes Union High School District Field Trip Adult Supervision Expectations and Agreement

This form is required to be completed by all Adult Supervisors attending a field trip.

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 must be on file in the attendance office 72 hours prior to trip. 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: _____

Destination and Purpose: _____

Date of Trip: _____ Departure Time: _____ Return Time: _____

Method of Transportation: _____ Staff Sponsor: _____

Period of Absence: Sponsoring staff member must draw lines through period below not included.

Period	1	2	3	4	5	6	7
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PARENT APPROVAL

The parent/guardian(s), by acknowledging this field trip authorization, fully understands and recognizes that the student's participation in this field trip is **strictly voluntary, not** required attendance.

All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims.

Field Trip Regulations:

1. Students shall obey all transportation rules while on the trip including returning to school by the same form of transportation as departure, unless prior written permission is granted by site administrator to return with parent/guardian.
2. Students shall comply with all applicable school and District rules throughout the course of the field trip.
3. Students may be denied future field trips and be sent home, at the parent/guardian(s) expense, if field trip rules are not observed.
4. Sponsors and adult chaperones will discuss field trip rules and safety with students prior to the field trip.
5. Sponsors will be responsible for obtaining all field trip authorization forms, as well as transporting this information on the field trip.

❖ **For additional field trip forms, please refer to the District website acalanes.k12.ca.us.**

I certify that all Emergency Medical Information on file with the District is current as of the date of this trip.

Parent/Guardian Signature

Date



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 Acalanes Union High School District to authorize any emergency medical treatment, including any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care needed to be rendered on the advice of any physician, surgeon, medical practitioner, or under provisions of the Dental Practice Act.

Parent/Guardian Signature

Date



Acalanes Union High School District

Request for Transportation

School _____ Request Date _____

Sport/Class/Club _____ Requested By _____

Storage	YES	NO	# of Buses		# of Passengers		

Trip Date _____ Bus #1 _____ Bus #2 _____

Pick Up Address	Bus Arrival Time		
	Bus Leave Time		
Pick Up Location	Destination		
	Arrival Time		
	Leave Time		
	Completed Trip		
	Drop Off		

Destination Address	**SPECIAL INSTRUCTIONS**

Destination/Drop Off	

Faculty/Supervisor/Coach who will ride bus _____

Telephone # _____

Funding Source _____ Purchase Order # _____

Trip Approved By _____

(Principal Signature)

(Print Principal Name)

Email completed form to jwatson@auhdschools.org

AUHSD Transportation Use Only

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