

Field Trip Procedure

Allow approximately 3 weeks to complete these steps. Incomplete forms cannot be processed.

Step #1: Review the Board Policy concerning Field Trips.

Step #2: Submit the following four forms to bookkeeper and await notification of permission.

- a) If using district transportation, complete **Field Trip Information Sheet** provided.
- b) If using district transportation, complete **Activity Transportation Form** provided, type information into top portion only.
- c) Type information into the **Field Trip Request Form** on provided and sign as sponsoring teacher.
- d) Type information into the top portion of the **Field Trip Permission Slip** provided.

Step #3: Given permission for trip, complete Requisition for Purchase Order, if needed. Complete **requisition for purchase order**. Be certain vender will take P.O. and double check that the vendor name is correct. Check will be issued to "Vendor Name." Vendor names on purchase orders cannot be changed. Return completed forms to bookkeeper.

Step #4: Distribute and collect forms from parent/guardian.

- a) Field Trip Permission Slip bottom portion (having been previously completed by you and now signed by principal), is to be completed by parent/guardian and returned to trip supervisor.
- b) If you have an Overnight or Out-of-town trip, have students complete the **Out-of-town Field Trip Medical Release Form** provided.

Step #5: Collecting Trip Monies

- a) \$5 or less per student, you may use **Receipt Log** provided.
- b) \$5 or more per student, see bookkeeper for receipt sheet.

NOTE: You will need to provide a total for amount of money receipted each time you turn in money to bookkeeper. Also, any amount over \$100 must be receipted and turned in to bookkeeper by 10:00 on the day of collection per district procedure.

___ In State ___ Out of State ___ Overnight

Madison City Schools Field Trip Request

Teacher: _____ School: _____

Destination: _____

Date From: _____ To: _____

Departure Time: _____ Return Time: _____ Number of Students: _____ Grade: _____

Teacher(s)/Staff Attending Trip: _____

Chaperone(s): _____

Type of Transportation: _____ Teacher/Chaperone to Student Ratio: _____

How will class be covered? (Check One)

Funding Source: (Check One)

___ Substitute ___ In House

___ School System
___ Local School (Please Submit Check)
___ Individual (Please Submit Check)
___ Other _____

___ Instructional (Check the appropriate box)

___ Extracurricular (Check the appropriate box)

___ Yes ___ No Will instructional time be consumed?
If yes, how much? _____

___ Yes ___ No Will instructional time be consumed?
If yes, how much? _____

___ Yes ___ No There has been advanced coordination with the trip site to assure intended objective can be met?

___ Yes ___ No Has the group qualified by achieving specified results in similar events?

___ Yes ___ No There has been student preparation and study concerning this trip

___ Yes ___ No Is this the next level of competition and is it sanctioned by an association or organization in which the school is a member?

___ Yes ___ No Are there children attending the field trip that have special medical requirements?

What is the purpose and how is the trip related to your program of instruction: _____

In compliance with Board Policy 6.5 concerning field trips, I am requesting permission for my students to participate in the trip identified above.

Signed: _____
Sponsoring Teacher

Date: _____

___ Approved
___ Disapproved _____
Principal

Date: _____

___ Approved
___ Disapproved _____
Director

Date: _____

Madison City Schools

Field Trip Permission Slip

School: _____ Grade: _____ Date: _____

Memorandum to Parents:

On _____ our class will be taking a field trip to _____
Date Name of Place

At _____ at approximately _____ o'clock.
Location Time

To _____ at approximately _____ o'clock
Place of Return Time

Mode of Transportation: _____.

We would like for your child to accompany us on our trip. Supervision will be provided for all students. Your child is expected to follow all school/classroom rules.

In event of a date change you will not receive another permission slip, however, you will be notified of the change.

Please complete, sign and return the lower portion no later than _____.
Date

Teacher's Signature

Principal's Signature

Madison City Schools Field Trip Permission Slip

Teacher Name _____ School _____

I wish I do not wish

To give my permission for my child _____
Child's Name

To accompany your group on the field trip to _____
Name of Place

At _____ on _____
Location Date of Trip

Does your child have any medical problems and/or allergies that we should be aware of?

Will your child require any medication on this field trip? _____

Name of Insurance Company: _____

The Madison City School System has my permission to seek any medical treatment necessary for my child during a school-sponsored field trip.

Parent's Contact Number: _____

Signature of Parent of Guardian

Date

MADISON CITY SCHOOLS
FIELD TRIP ACTIVITY FORM

MUST BE SUBMITTED TWO WEEKS IN ADVANCE

School _____ Group (class, club, org., etc.) _____

Number of Student Riders _____ Number of Faculty/Chaperones _____

Number of Buses Needed: Regular _____ Mini-Bus _____

Person in Charge of Trip _____ Cell Phone# _____

Destination of Trip _____

Event Address _____

Date Needed _____ Time Needed _____ Arrive Back at School _____

Fund to Be Charged: _____

Note: Trip request will not be processed without an assigned fund.

_____ or _____

Principal's Signature

Department Head's Signature

CENTRAL OFFICE APPROVAL: _____ **DATE** _____

**MADISON CITY SCHOOLS
OVERNIGHT OR OUT- OF-TOWN FIELD TRIP
MEDICAL RELEASE FORM**

Student's Name: _____ **Date of Birth:** _____

Address: _____

Home Telephone: _____

Parent/Guardian: _____

Address: _____

Mother Work # _____ **Cell Phone #** _____ **Pager #** _____

Father Work # _____ **Cell Phone #** _____ **Pager#** _____

If unable to reach parents, please notify:

Name: _____ **Relationship:** _____

Phone #: _____ **Cell Phone #:** _____

Student's General Health Information

The Madison City School District requires a Medication Release Form signed by a physician for each prescription medication and a Medication Release Form for each over-the counter medication signed by the student's parent/guardian. List any medications for which a Medication Release Form is already on file in the school office. Additional dosages/times must be noted on a copy of the form filed in the office and that notation must be verified and signed by the student's parent/guardian.

Does student have any allergies to medication, food, etc? Yes No

If "yes", please list allergies: _____

Does student wear contact lenses? Yes No

Does student have asthma? Yes No

If "yes" a Student Asthma Action Plan should be on file in the nurse's office.

Is there any health history that may assist the person in charge if the student should become ill?

Student's Physician: _____

Address: _____

Telephone #: _____

Insurance Company: _____

Date of last tetanus shot: _____

Authorization to Treat/Administer Medication:

I hereby authorize medical or surgical treatment of _____ if any emergency should arise. I give permission for decisions to be made by the certified teacher in charge and/or Madison City School's representative. I also hereby authorize Madison City Schools, or representative thereof, to administer medication to my child, if necessary, as indicated on the Medication Release Form.

NOTE: Your signature on this form acknowledges your acceptance of financial responsibility for any medical or dental care your child requires.

Signature of Parent/Guardian

Date

Signature of Notary

State County

Commission Expires:

VENDOR LISTING

Location/Vendor	Adm Chg Student	Adm Chg Chaperone	Type of Payment P.O./Check
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

RECEIPTS (regarding trip)

Log # _____	Rec# _____	to _____
Log # _____	Rec# _____	to _____
Log # _____	Rec# _____	to _____
Log # _____	Rec# _____	to _____
Log # _____	Rec# _____	to _____
Log # _____	Rec# _____	to _____

SCHOLARSHIPS

Student Name	Amount Funded
_____	\$ _____
_____	\$ _____
_____	\$ _____

FUND RAISERS

<u>Fund Raiser</u>	<u>Donations</u>
Amount Raised for Trip \$ _____	Total Amount Donated \$ _____
Attach copies of fund raiser forms for this trip	Attach copies of donations for this trip
