

BCIT Overnight Field Trip Planning Checklist & Template



Overnight field trips require adequate and thoughtful planning. To assist you with this process, please utilize the following checklist and planning template. A completed copy, accompanied by the district field trip request form, should be submitted to your building principal no less than 90 days prior to trip departure. Upon approval from the building principal, the trip request and attached plan will be submitted to the Assistant Superintendent for review and subsequent Board of Education approval. All trips MUST be approved by the Board of Education in advance of trip departure.

Checklist:

- **District Trip Request Form**
- **Trip Overview** – general information
- **Detailed Itinerary**
 - Dates of trip – to include departure & return time & place
 - Student itinerary each day (from wake up call until curfew)
 - Includes planned activities, meals, etc.
 - Mode(s) of Transportation
- **Rules & Regulations** – *with student & parent sign-off*
 - Enforcement of all school policies
 - Curfew time
 - Expectations of conduct
 - Alcohol, drug use
 - Hotel property damage
 - Reasons for dismissal from trip
 - Parent meeting arrangements
- **Safety, Security, & Supervision Plan** – List safeguards put in place to ensure the safety & security of all trip participants for the duration of the trip
 - Ratio of students to chaperones
 - Periodic nightly room checks (1am, 3am, 5am)
 - Taping of hotel rooms at curfew
 - Hotel security
 - Communication (ie: Remind101 app, Google Voice, etc)
 - Medical plan – prescription administration, emergency cards
 - Sample Language/Procedure for Student Medication on Overnight Trips:
 - “Students with medication will have their parents bring it to the school during the student luggage check. The medication would be in original packaging (i.e.: labeled prescription bottle), with enough dosage for the trip duration, and secured in a ziplock bag with student’s name. The school nurse will inspect the medication to validate its contents and turn over to the lead chaperones. The lead chaperones will hold the medication for the duration of the trip. When the student needs to take his/her medication, they will report to the lead chaperone. The lead chaperone will hand the ziplock bag to the student who will take the medication (as prescribed) in the presence of the chaperone and return to the chaperone.”
- **List of Student Participants**
- **List of Chaperones (employee and parent)**
- **Cost Breakdown** – consider meals, transportation, accommodations, admission fees, registration fees
 - Itemize and identify total cost to participating students
 - Itemize and identify total cost requested from the district

The following forms are enclosed and must be included in the trip packet provided to students, parents, and chaperones:

- **Permission Slip**
- **Parent Authorization Form**
- **Medical Authorization Consent Form**
- **District Board of Education Policy #2340**
- **Chaperone Contracts** (exclude from parent packet)

TRIP OVERVIEW

Campus: Medford Westampton

Requesting Teacher(s):

Organization/Club/Class:

Destination:

Departure Date:

Departure Time:

Return Date:

Return Time:

Mode(s) of Transportation:

Hotel Accommodation (name & location):

Purpose of trip:

ITINERARY

(complete for each day of trip)

Day 1

Date:

Departure Time:

Departure Location:

Activities (must be detailed to include all aspects of the day):

ITINERARY (Cont.)

Day 2

Date:

Wake-Up Call:

Activities (must be detailed to include all aspects of the day):

ITINERARY (Cont.)

Day 3

Date:

Wake-Up Call:

Activities (must be detailed to include all aspects of the day):

ITINERARY (Cont.)

Day 4

Date:

Wake-Up Call:

Activities (must be detailed to include all aspects of the day):

ITINERARY (Cont.)

Day 5

Date:

Wake-Up Call:

Activities (must be detailed to include all aspects of the day):

RULES & REGULATIONS

COST BREAKDOWN

| | |
|---------------------------------|----|
| Cost to participating students: | \$ |
| Cost requested from district: | \$ |
| TOTAL COST OF TRIP: | \$ |

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_____ Westampton campus

_____ Medford campus

PERMISSION SLIP FOR SCHOOL SPONSORED TRIP

Date: _____

My son/daughter _____

has my permission to attend _____

from _____ to _____

I understand that transportation will be by _____

And that the teacher(s) and in charge will be _____

I realize that the school cannot be held responsible in the event of an accident.

Parent/Guardian Signature

06-D-18(7/97)

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_____ Westampton

_____ Medford Campus

TO: _____

From: _____

Date: _____

Re: _____

Permission to excuse student _____

from your class on _____

(dates)

attend _____

(Field Trip, Meeting, Etc.)

| | | Excuse for absence from class | Teacher |
|-------|---------|-------------------------------|---------|
| Block | Subject | | |
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

If permission is granted, please sign appropriate block time

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PARENTAL AUTHORIZED/PERMISSION SLIP FOR SCHOOL SPONSORED TRIP

We hereby agree to the arrangements, rules, and regulations as presented to each participant and to abide by all the regulations and all the directions given by the chaperones while our son/daughter _____ is attending the _____ trip on _____.

I also understand that if I fail to abide by the rules and regulations that my parents will be required to provide transportation for me to be returned home from the event. I realize that the school cannot be held responsible in the event of an accident. I have read and understand all items in the enclosed district field trip policy #2340.

STUDENT SIGNATURE

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE**

DATE _____

****MUST BE SIGNED BY PARENT/GUARDIAN EVEN THOUGH STUDENT MAY BE 18 OR OVER.**

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STUDENT'S MEDICAL AUTHORIZATION CONSENT FORM

In accordance with accepted guidelines for field trip programs, it is necessary that **ALL** students have adequate provision for the possibility of a medical emergency arising during their attendance on a field trip. The information that you provide for us below will assist the school district in helping it's students secure medical care should it become necessary.

THIS INFORMATION IS REQUIRED!

INSURANCE: If covered by medical insurance, please indicate below.

NAME OF INSURANCE COMPANY _____ **POLICY NUMBER** _____

NAME AND ADDRESS OF FAMILY PHYSICIAN:

PHYSICIAN'S NAME _____ **TELEPHONE NUMBER** _____

ADDRESS, CITY, STATE & ZIP CODE _____

STUDENT DRUG SENSITIVITIES: The student is known to react unfavorably or is allergic to:

FOODS (if any) _____ **DRUGS (if any)** _____

ANY OTHER MEDICAL PROBLEMS _____

Please state the name of any prescription(s) that your child may be bringing on the trip and the reason for the prescription(s).

PRESCRIPTION (S) _____ **REASON** _____

MEDICAL CONSENT/AUTHORIZATION: It is the understanding of this student and respective parent(s)/guardian(s) that in the event a medical emergency should arise requiring medical care to be administered immediately, the student and respective parent(s)/guardian(s) authorize that such emergency medical treatment shall be given and consent to such treatment at a hospital or other health care provider.

The undersigned have read the above and declare and affirm that they consent to the contents herein stated.

(STUDENT NAME - PLEASE PRINT)

Parent(s)/Guardian(s) Signature

Work Telephone Number (required)

Student's Signature

Home Telephone Number (required)

Student's Social Security Number (required)

Cell Phone Number

Today's Date

BCSSSD/BCIT Board of Education

District Policy

2340- FIELD TRIPS

Section: Program

Date Created: October, 2013

Date Edited: October, 2013

The Board recognizes that field trips are a most effective and worth-while means of learning. Trips of an educational nature are encouraged and approved by the Board, provided they supplement the teaching program, are well planned, and are carried out in a constructive manner.

The following guidelines are set to implement the planning of field trips:

1. All trips and trip arrangements must have the approval of the Board of Education.
2. All out-of-State trips and any overnight trips must have the advance approval of the Superintendent and the Board.
3. All high school students must submit a signed parental permission slip for the specific trip. Students over eighteen years of age may sign their own permission slips.
4. Trips must be within budgetary allotments for such purpose.
5. Suitable instructional arrangements must be made for students in the group who do not take the trip and for classes whose teacher is making the trip with another group.
6. Enough supervision must be provided so that discipline on the trip is effective.
7. Usually private transportation will not be permitted.
8. Each trip will be evaluated by the teacher and the administration.

Club and activity trips must be paid by the club, activity, or student.

A student who violates rules or disregards the authority of supervisors on a field trip significantly endangers the safety of other students and may be summarily dismissed from the trip. The teaching staff member in charge will make arrangements for the dismissed student's transportation to home or school as appropriate. The cost of any such transportation will be borne by the parent(s) or legal guardian(s) of the student. The Board reserves the right to take further disciplinary measures in accordance with Policy No. 5600.

The Superintendent shall prepare regulations for the operation of field trips that ensure that the safety and well-being of students shall be protected at all times; that parental permission is sought and obtained before any student may be removed from the school for a field trip; that each field trip is properly planned, integrated with the curriculum, and followed up by appropriate activities that enhance its usefulness; that the effectiveness of field trip activities are monitored and continually evaluated; that teachers are allowed a considerable degree of flexibility and innovation in planning field trips; that no

field trip will be approved unless it contributes to the achievement of specified instructional objectives; and that teachers are not permitted to make on-site alterations to a trip itinerary, except where the health, safety or welfare of students is imperiled or where changes or substitutions beyond the control of the teacher have frustrated the purpose of the trip.

The Board does not endorse, support, or assume liability in any way for any staff member of this district who takes students on trips not approved by the Board. No staff member may solicit students of this district for such trips within the facilities or on the school grounds of this district without Board permission.

N.J.S.A. 18A:36-21 et seq.; 18A:53-2

Adopted: 31 October 2013

FIELD TRIP CHAPERONE AGREEMENT

As a BCIT Board of Education approved employee and chaperone of the _____ trip to _____, I understand and agree to the following:

- Appropriate and professional behavior is expected at all times.
- Must properly supervise students under your charge at all times with no exceptions.
- No alcoholic beverages or illegal drugs shall be consumed for the duration of the trip.
- Tobacco is not permitted by any trip participant for the duration of the trip.
- Will adhere to and will not deviate from the scheduled itinerary.
- Chaperones are prohibited from engaging in any inappropriate relations with other chaperones on the trip.
- Appropriate attire is required as an example to the students.
- Only age-appropriate topics of discussion shall occur around students during the trip.
- I have read, understand, and agree to the district’s field trip policy #2340.
- I understand disciplinary consequences per Board of Education policy shall apply for violations of this agreement.

Chaperone’s Name _____

Chaperone’s Signature _____ Date _____



Parent Chaperones

- All parent chaperones must be approved by the BCIT Board of Education in advance of the trip.
- To be approved, parent chaperones must provide documentation of Criminal History Clearance, at their expense.
- If a parent chaperone is required by the school to attend the trip, or any parent attending the trip for student medical reasons, shall be Board of Education approved, and shall not require Criminal History Clearance. Such parent may only directly supervise his or her own child, and shall always act under the direct supervision of a certified school staff member when accompanying other students. Such parents shall room with his/her child with no other students in the room.
- All approved parent chaperones must read, understand, and agree to the above expectations by signing where indicated.



Burlington County Institute of Technology Burlington County Special Services Field Trip Request Form

Completed copies will be distributed by the Transportation Coordinator to the following:

- Superintendent
- Business Office
- Transportation Vendor
- Principal

Transportation in private vehicles is strictly prohibited per Burlington County Institute of Technology & Burlington County Special Services Board of Education.

Signature on this form certifies that I have read and understand Policy and Regulation #2340

Instructions: Overnight Field Trip proposals must be submitted for the Board Agenda at least 60 days prior to the trip, along with all materials required under "Approval Requirements for Overnight Trips" in BoE Regulation #2340. Overnight field trip requests will NOT go on the BoE agenda unless ALL items in this list are provided, and have been approved by the Asst. Supt. for C/I and the Supt.

For Overnight Field Trip proposals, the teacher(s) or trip coordinator(s) shall provide the Field Trip Request Form along with all required materials under BoE Reg. #2340 to the principal at least 30 days prior to the trip going on the Board agenda (at least 90 days before the trip); the principal shall review, approve and send the packet to the Asst. Supt. for C/I and the Supt. at least two weeks prior to the item being placed on the BoE agenda (appx. 75 days prior to the trip). Once approved by the Asst. Supt. for C/I and Supt., the Supt.'s office shall place the trip proposal on the Board agenda.

BoE approval should occur prior to any payments being made for the trip; if the travel agency requires payments, the coordinator(s) should ensure approval is obtained through this process, prior to the first payment due date. Upon BoE approval, the trip form shall be submitted to the Transportation Coordinator to arrange transportation. After approval, the Principal/Designee will generate requisitions for all costs. It is prohibited for school employees to use private vehicles to transport students to and/or from regularly scheduled co-curricular activities or for any other purpose. Students may only be transported in BoE owned/contracted and insured vehicles. With written permission, a parent may transport his/her own child to or from an event; and, may transport other children with their parent's/guardian's written permission.

Your Name _____ Date _____
 Title/Department _____ School _____
 Class or Group _____
 Number of Students _____ Adults/Chaperones _____ Date(s) of Trip _____
 Destination _____
 Address _____
 Alternative Date(s) _____ Depart from (school) _____
 Bus Pick-up at Door # _____ Depart time _____
 Return to (location) _____ Door # _____ Return time _____

Overnight Trip? Yes No Trip form with full Trip Proposal as described in BoE Regulation #2340 MUST be submitted to Asst. Supt. **60 days prior** to trip. (Teacher must therefore leave time for principal review and submission).

If yes, will boys and girls be separated on different floors? Yes No School Nurse needed? Yes No

| Cost | |
|-------------------------|-----------------|
| Food Service/Meals | \$ _____ |
| Transportation | \$ _____ |
| Admission | \$ _____ |
| Lodging | \$ _____ |
| Registration | \$ _____ |
| Other | \$ _____ |
| Total | \$ _____ |
| Account # _____ | |
| Check Payable to: _____ | |

| Transportation Type | |
|-------------------------------|--------------------------|
| Utility Van | <input type="checkbox"/> |
| 16 Passenger Van | <input type="checkbox"/> |
| 24 Passenger Bus | <input type="checkbox"/> |
| 28 Passenger Wheel Chair Bus | <input type="checkbox"/> |
| 54 Passenger Bus | <input type="checkbox"/> |
| Private Charter Bus | <input type="checkbox"/> |
| # of Wheel Chairs _____ | # of Harnesses _____ |
| # of Car Seats/Boosters _____ | |

Is cost subsidized by any group? Yes No If yes, by whom? _____

Subsidy per student? \$ _____ Teacher(s) requesting trip: _____

How is the charter bus transportation being paid for?: Fundraising/Parents Requesting funding from BoE

Other (explain) _____

Name of private bus company _____

Must supply copy of private bus co. proof of insurance with this form.

State how students will benefit from this trip and which NJCCCS are addressed : _____

