RULE 6800

INSTRUCTION: FIELD TRIPS

Field Trips and Foreign Travel

I. PURPOSE

A. TO PROVIDE GUIDELINES FOR APPROVING AND CONDUCTING FIELD TRIPS AND FOREIGN TRAVEL STUDY PROGRAMS SPONSORED BY BALTIMORE COUNTY PUBLIC SCHOOLS (BCPS).

B. THIS RULE DOES NOT APPLY TO SCHOOL-SPONSORED INTERSCHOLASTIC, INTRAMURAL, OR INFORMAL ATHLETIC COMPETITIONS, UNLESS THE COMPETITION REQUIRES OVERNIGHT OR FOREIGN TRAVEL.

II. [1.] Definitions

A. CHAPERONE – A VOLUNTEER CHOSEN BY THE SCHOOL PRINCIPAL AND/OR SPONSORING TEACHER TO ACCOMPANY AND SUPERVISE STUDENTS ON A FIELD TRIP OR FOREIGN TRAVEL PROGRAM AND WHO MEETS THE FOLLOWING CRITERIA:
   1. IS AGE 21 OR OLDER;
   2. HAS COMPLETED THE BCPS VOLUNTEER PROGRAM REQUIREMENTS;
   3. HAS COMPLETED THE REQUISITE SCREENING PROCESS AND/OR BACKGROUND CHECK.

B. DAY FIELD TRIP - A FIELD TRIP THAT OCCURS DURING THE STUDENT SCHOOL DAY. A DAY FIELD TRIP MAY INCLUDE IN-STATE OR OUT-OF-STATE TRAVEL.

C. EXTENDED-DAY FIELD TRIP - A FIELD TRIP THAT OCCURS BEFORE AND/OR EXTENDS BEYOND THE STUDENT SCHOOL DAY. AN EXTENDED-DAY FIELD TRIP MAY INCLUDE IN-STATE OR OUT-OF-STATE TRAVEL.

D. FIELD TRIP - A BCPS-SPONSORED GROUP ACTIVITY WHICH IS RELATED TO THE INSTRUCTIONAL PROGRAM AND OCCURS OFF THE SCHOOL SITE.
E. FOREIGN TRAVEL – A BCPS-SPONSORED TRIP THAT INCLUDES TRAVEL OUTSIDE OF THE UNITED STATES.

F. OVERNIGHT FIELD TRIP - A FIELD TRIP THAT INVOLVES AN OVERNIGHT STAY AWAY FROM THE STUDENT’S HOME. AN OVERNIGHT FIELD TRIP MAY OCCUR IN-STATE OR OUT-OF-STATE, BUT NOT OUTSIDE OF THE UNITED STATES.

G. PARENT – THE BIOLOGICAL OR ADOPTIVE PARENT, LEGAL GUARDIAN, OR PERSON ACTING IN THE ABSENCE OF THE PARENT OR GUARDIAN.

H. SCHOOL-SPONSORED ACTIVITY – MEANS ANY ACTIVITY PLANNED AND SUPERVISED BY SCHOOL STAFF.

I. SPONSORING TEACHER - A BCPS CERTIFICATED EMPLOYEE WHO IS RESPONSIBLE FOR PLANNING THE FIELD TRIP, COMPLETING THE TRIP PROPOSAL FORM, COORDINATING AND EXECUTING THE FIELD TRIP DETAILS, AND SUPERVISING STUDENTS.

J. STUDENT SCHOOL DAY – FROM THE OPENING BELL SIGNALING COMMENCEMENT OF REGULAR INSTRUCTIONAL HOURS UNTIL THE BELL SIGNALING DISMISSAL.

[A. “Field trip” is a school-approved trip, off the premises of the school. A field trip does not include an inter-scholastic competition, unless the competition requires overnight or foreign travel.

1. “Day field trip” is a trip that occurs during the student school day. A day field trip may include in-state or out-of-state travel.

2. “Extended day field trip” is a trip that occurs before and/or extends beyond the student school day. An extended day field trip may include in-state or out-of-state travel.

3. “Overnight field trip” is a trip that involves an overnight stay away from home. An overnight field trip may occur in-state or out-of-state, but not outside of the United States.
4. “Foreign travel” is any trip or portion of a trip that is taken outside of the United States.

B. A “non-school sponsored trip” is a trip that involves school students and/or school personnel, but is not sponsored by the school or the school system.

C. Responsible Adult Participants

1. “Sponsoring teacher” is a certificated employee of the Board of Education of Baltimore County who accompanies and supervises students on the trip. The sponsoring teacher is in charge of planning and implementation of the trip. The sponsoring teacher ensures compliance with the policies of the Board of Education and the Superintendent’s rules.

2. “Chaperone” is a person, other than the sponsoring teacher, aged 21 or older, who accompanies and supervises students on a field trip.

III. [2.] General [Requirements for Field Trips]

A. All SCHOOL-SPONSORED [school-approved] field trips must be:
   1. Designed to support and extend classroom instruction;
   2. [They must be] Clearly aligned to and a logical outgrowth of the [Essential] curriculum GOALS AND OBJECTIVES; [.]
   3. [They must be] SUPERVISED AND accompanied by BCPS certificated [school system] personnel; [.]
   4. [, and they must be] Approved by the principal and other appropriate personnel as provided in this Rule.

B. Field trips should be planned to provide for the safety, comfort, and protection of students, TEACHERS, AND CHAPERONES [and of the responsible adult participants].

C. Students shall not be denied PARTICIPATION IN FIELD TRIPS OR FOREIGN TRAVEL [access to day, extended day, or overnight field trip] opportunities because of disability or economic status. Efforts shall be made to find ways to maximize participation by interested and qualified students in these field trips.
   1. Students with disabilities must be provided equal opportunity for participation, including transportation to and from the destination,
and all planned educational and recreational activities that take place at the field trip site(s).

2. As part of the planning and implementation process, students with disabilities should be given the opportunity to participate with students without disabilities to the maximum extent appropriate to MEET the needs of any student with a disability. For this purpose, the student’s IEP AND/OR 504 PLAN should be available to staff coordinating and participating in these field trip opportunities.

D. [Students who do not participate in field trips shall not be penalized in any manner. Appropriate educational experiences shall be provided for those students who do not participate in the field trip.]

D. [E.] The principal shall monitor [the scheduling and] the involvement of teachers and students IN FIELD TRIPS to make certain that neither instructional time nor school resources are unduly compromised by multiple field trips during a single school year.

E. [F.] IN ORDER FOR A STUDENT TO PARTICIPATE IN A FIELD TRIP, THE PARENT MUST SIGN THE PERMISSION FORM. IF A TRIP HAS TO BE RESCHEDULED, THE PERMISSION FORM MUST BE PROVIDED AND SIGNED BY THE PARENT AGAIN.

F. STUDENTS PARTICIPATING IN APPROVED FIELD TRIPS SHOULD NOT BE RECORDED AS ABSENT FROM SCHOOL AND SHOULD BE GIVEN OPPORTUNITIES TO MAKE UP ANY MISSED WORK IN OTHER CLASSES.

G. ALL MEDICATIONS WILL BE ADMINISTERED IN ACCORDANCE WITH BCPS MEDICATION ADMINISTRATION PROCEDURES. THIS INCLUDES THE REQUIREMENT FOR WRITTEN HEALTH CARE PROVIDER ORDERS FOR ALL MEDICATIONS, PRESCRIPTION AND OVER-THE-COUNTER, AND FOR MEDICATIONS TO BE STORED IN LABELED PHARMACY BOTTLES.

H. STUDENTS WHO ARE SUSPENDED OR EXPELLED FROM SCHOOL AT THE TIME OF A TRIP WILL BE EXCLUDED FROM FIELD TRIPS.
I. EACH FIELD TRIP REQUIRES A SUPERVISING TEACHER AND SUFFICIENT CHAPERONES AS DETERMINED BY THE SCHOOL PRINCIPAL.

J. CHAPERONES SHALL COMPLETE THE BCPS VOLUNTEER TRAINING AND BACKGROUND SCREENING PROCESS AND ACKNOWLEDGE ACCEPTANCE OF THEIR RESPONSIBILITIES BY SIGNING THE CHAPERONE AGREEMENT FORM. A CHAPERONE MAY NOT ACCOMPANY A FIELD TRIP OR FOREIGN TRAVEL PROGRAM UNTIL THE REQUISITE TRAINING HAS BEEN COMPLETED AND THE BACKGROUND CHECK APPROVED BY THE OFFICE OF INVESTIGATIONS AND RECORDS MANAGEMENT.

K. A CHAPERONE MAY NOT BRING VISITORS, CHILDREN, SIBLINGS, OR OTHERS IN THEIR CARE ON THE FIELD TRIP.

L. THE FOLLOWING INFORMATION REGARDING THE FIELD TRIP OR A FOREIGN TRAVEL PROGRAM SHALL BE COMMUNICATED IN WRITING TO ALL APPROPRIATE STAFF MEMBERS, STUDENTS, AND PARENTS THROUGH NORMAL CHANNELS OF COMMUNICATION IN ADVANCE OF THE DEPARTURE DATE:

1. EXPECTATIONS FOR STUDENT CONDUCT AND NOTICE THAT [F. Board Policy 5550, Students: Conduct – Disruptive Behavior; and Policy 5560, Students: Conduct – Suspension or Expulsion, as outlined in the Student Handbook, Baltimore County Public Schools, and] all [other] Board OF EDUCATION OF BALTIMORE COUNTY (BOARD) policies, Superintendent’s rules, and school instructions remain in effect at all times during the [field] trip.

2. LOGISTICS AND SPECIFIC ITINERARIES.

3. HEALTH AND SAFETY PROCEDURES AND PLANS, INCLUDING REQUIREMENT FOR HEALTH HISTORY AND MEDICATION ORDERS, IF NEEDED.

4. NOTICE THAT BCPS RESERVES THE RIGHT TO CHANGE OR CANCEL A FIELD TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF STUDENTS AND OTHER PARTICIPANTS AND THAT IF SUCH CANCELLATION OCCURS, THE SCHOOL SYSTEM SHALL NOT BE FINANCIALLY LIABLE FOR LOSSES DUE TO CHANGES OR CANCELLATION OF FIELD TRIPS.
M. APPROPRIATE EVALUATION/FOLLOW-UP ACTIVITIES SHALL BE PLANNED TO REINFORCE THE EDUCATIONAL OBJECTIVES OF THE FIELD TRIP.

N. THE FOLLOWING PROVISIONS APPLY IN INCLEMENT WEATHER:
1. WHEN SCHOOLS ARE CLOSED DUE TO INCLEMENT WEATHER, OR WHEN SEvere WEATHER IS FORECAST AT THE TRIP DESTINATION, THE FIELD TRIP WILL BE CANCELLED.
2. DELAYED OPENING – FIELD TRIPS WILL BE POSTPONED UNTIL THE OFFICIAL OPENING OF THE SCHOOL DAY. AT THAT TIME, THE SCHOOL PRINCIPAL WILL CONFER WITH HIS/HER ASSISTANT SUPERINTENDENT TO DETERMINE WHETHER THE FIELD TRIP WILL BE CANCELLED.
3. THE SUPERINTENDENT MAY GRANT EXCEPTIONS ON A CASE BY CASE BASIS.

O. EMPLOYEES ARE PROHIBITED FROM PARTICIPATING IN ANY ASPECT OF A FIELD TRIP AND/OR FOREIGN TRAVEL PROGRAM WHEN SUCH PARTICIPATION VIOLATES THE BOARD’S ETHICS CODE.

[G. Each employee of the Board of Education who participates in a field trip or foreign travel is responsible for avoiding conflicts of interest arising from the field trip. Employees should review Board Policies 8363, Ethics Code: Conflict of Interest, and 8362, Ethics Code: Gifts, before taking part in a field trip.

H. Transportation for trips may be provided by private or public carriers, teachers, and/or chaperones.

1. Before hiring a public carrier, the sponsoring teacher should consult the approved list issued by the Office of Transportation to select an approved, certified public carrier.
2. If private transportation is used, parents and guardians should be notified by the sponsoring teacher that the liability insurance of the private driver is the primary liability coverage.
I. Written permission for the field trip, specifying transportation arrangements, and requesting pertinent health information, shall be obtained from parents or guardians prior to the trip. If the trip is rescheduled, the school shall obtain written permission again.

J. The permission form shall state: “The Board of Education shall not be financially liable for losses due to changes or cancellation of field trips.”

IV. GUIDELINES BY Category of Trip[s]

A. [1.] Extended-Day Field Trips [– ]
   1. For students in Grade[s] 3 and below, the planned return to school should not be later than 6:00 p.m. when school is in session the next day.
   2. For Grades 4 and higher, the planned return to school should not be later than 9:00 p.m. when school is in session the next day.
   3. IF THE FIELD TRIP SCHEDULE DOES NOT COORDINATE WITH THE REGULAR BUS SCHEDULE [Before departing for the trip], the sponsoring teacher must ensure that PARENTS ARE NOTIFIED IN ADVANCE OF SPECIAL DROP OFF/PICK UP REQUIREMENTS. [arrangements have been made for students’ transportation home. Upon return to the school,] The sponsoring teacher must ENSURE THAT SUPERVISION OF STUDENTS IS MAINTAINED UNTIL ALL STUDENTS [provide supervision until all children participating in the field trip] have been picked up or until the previous arrangements for dismissal [ ,] (e.g., dismissal to after-school care) have been accomplished.

B. [2.] Overnight Field Trip [– ]
   1. THE FIELD TRIP INCLUDES an overnight STAY AWAY FROM HOME AND SHALL INVOLVE [field trip shall involve] no more than 3 [three] STUDENT SCHOOL days [in which school is in session].
   2. OVERNIGHT FIELD TRIPS ARE THE EXCEPTION AND ARE TYPICALLY LIMITED TO SECONDARY STUDENTS.
   3. FIELD TRIPS THAT INVOLVE MORE THAN 3 STUDENT SCHOOL DAYS SHALL REQUIRE THE APPROVAL OF [Exceptions to this time limitation may only be approved by] the Superintendent or HIS/HER [a] designee.

C. [3.] Foreign Travel [–]
1. Foreign travel shall involve no more than 5 [three] STUDENT SCHOOL days [in which school is in session].

2. TRIPS INVOLVING MORE THAN 5 STUDENT SCHOOL DAYS SHALL REQUIRE THE APPROVAL OF [Exceptions to this time limitation may only be approved by] the Superintendent or HIS/HER [a] designee.

[4. A Non-school Sponsored Trip is not sanctioned by Baltimore County Public Schools. A non-school sponsored trip shall not be promoted or planned during the regular school day. School personnel participating in the planning and promotion must notify student participants and their parents or guardians that the trip is not school sponsored and that the Board of Education is not liable for losses incurred as a result of the trip. Students absent due to participating in a non-school sponsored trip should be coded as unlawfully absent. ]

V. TRANSPORTATION

A. WHEN TRANSPORTATION FOR A FIELD TRIP IS PROVIDED, ONLY A BCPS SCHOOL BUS OR BCPS-APPROVED CONTRACTOR WITH ALL NECESSARY LICENSING AND A CERTIFICATE OF INSURANCE MAY BE USED.

B. AT LEAST ONE TEACHER SHALL BE ASSIGNED TO EACH VEHICLE AND BE RESPONSIBLE FOR ROLL CALL, ANNOUNCEMENTS, AND STUDENT SUPERVISION.

C. THE NUMBER OF PASSENGERS ON EACH VEHICLE SHALL NOT EXCEED THE RATED CAPACITY OF EACH VEHICLE USED TO TRANSPORT STUDENTS.

D. ALL STUDENTS SHALL TRAVEL TO AND FROM THE FIELD TRIP SITE UNDER THE SUPERVISION OF A TEACHER, USING DESIGNATED VEHICLES WHEN TRANSPORTATION IS PROVIDED.

E. ONLY IN SPECIAL CASES, WITH PRIOR APPROVAL OF THE SCHOOL PRINCIPAL, MAY PARENTS RECEIVE PERMISSION TO TRANSPORT THEIR OWN CHILD TO AND/OR FROM A FIELD TRIP. THE PARENT MUST REQUEST PERMISSION IN WRITING AT
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LEAST 5 STUDENT SCHOOL DAYS IN ADVANCE OF THE FIELD TRIP AND ACKNOWLEDGE THAT SCHOOL SYSTEM INSURANCE COVERAGE WILL NOT APPLY. PARENTS MAY ONLY TRANSPORT THEIR OWN CHILD.

1. THE BOARD DOES NOT COVER, NOR IS IT LIABLE FOR, COMPREHENSIVE AND COLLISION COVERAGE FOR THE USE OF A PRIVATE VEHICLE.

F. FOR TRIPS INVOLVING AIR AND FOREIGN TRAVEL, TRAVEL SERVICES SHALL BE ARRANGED WITH AND PROVIDED BY THE CONTRACTOR APPROVED BY THE BOARD (HEREINAFTER, “BOARD’S TRAVEL AGENT”).

VI. PLANNING AND APPROVAL

A. PROPOSALS FOR FIELD TRIPS SHALL BE SUBMITTED TO THE SCHOOL PRINCIPAL AS FOLLOWS:
   1. DAY FIELD TRIP – PROPOSALS SHALL BE SUBMITTED 20 CALENDAR DAYS PRIOR TO DEPARTURE.
   2. EXTENDED DAY FIELD TRIP – PROPOSALS SHALL BE SUBMITTED 20 CALENDAR DAYS PRIOR TO DEPARTURE.
   3. OVERNIGHT FIELD TRIP – PROPOSALS SHALL BE SUBMITTED 60 CALENDAR DAYS PRIOR TO DEPARTURE.
   4. FOREIGN TRAVEL – PROPOSALS SHALL BE SUBMITTED 6 MONTHS PRIOR TO DEPARTURE.

B. HIGH RISK ACTIVITIES
   1. PROPOSALS THAT INCLUDE HIGH RISK ACTIVITIES THAT EXPOSE THE BOARD TO HIGH RISK OF EXPOSURE FOR PROPERTY DAMAGE, PROPERTY LOSS, PERSONAL INJURY, OR LIABILITY, AS DEFINED IN BOARD POLICY AND SUPERINTENDENT’S RULE 3160, SCHOOL SPONSORED ACTIVITIES, REQUIRE THE ADVANCE APPROVAL OF THE OFFICE OF RISK MANAGEMENT.
   2. THE SPONSORING TEACHER SHALL COMPLETE A RISK MANAGEMENT REVIEW FORM AND SUBMIT THE COMPLETED FORM TO THE PRINCIPAL FOR PROCESSING.
   3. THE PRINCIPAL WILL REVIEW AND SIGN THE FORM AND FORWARD TO THE OFFICE OF RISK MANAGEMENT FOR REVIEW AT LEAST 30 BUSINESS DAYS PRIOR TO THE SCHEDULED TRIP.
4. THE OFFICE OF RISK MANAGEMENT WILL REVIEW THE PROPOSAL AND EITHER APPROVE OR REJECT THE ACTIVITY AND NOTIFY THE PRINCIPAL ACCORDINGLY.

5. NO PROPOSAL SHALL BE SUBMITTED FOR APPROVAL UNTIL THE OFFICE OF RISK MANAGEMENT HAS COMPLETED ITS REVIEW.

C. THE SPONSORING TEACHER SHALL SUBMIT THE FOLLOWING TO THE SCHOOL PRINCIPAL WHEN REQUESTING APPROVAL OF A FIELD TRIP:

1. A COMPLETED PROPOSAL FORM.

2. DESTINATION AND DATE OF THE FIELD TRIP.
   a. FOR FOREIGN TRAVEL, THE SPONSORING TEACHER SHALL CONSULT WITH THE EXECUTIVE DIRECTOR, SPECIAL PROGRAMS (HEREINAFTER, “EXECUTIVE DIRECTOR”) TO REVIEW THE U.S. STATE DEPARTMENT’S PUBLIC ANNOUNCEMENTS REGARDING TRAVEL TO DETERMINE WHETHER THE STATE DEPARTMENT HAS ADVISED AGAINST TRAVEL TO THE PROPOSED DESTINATION.


4. DETAILED ITINERARY FOR EACH DAY OF THE FIELD TRIP.

5. APPROVED RISK MANAGEMENT REVIEW FORM, IF APPLICABLE.

6. COST PER PUPIL.

7. FINANCING, INCLUDING ANY APPROVED FUNDRAISING ACTIVITIES.

8. ARRANGEMENT FOR MEALS.

9. RATIO OF CHAPERONES TO STUDENTS.

10. MODE(S) OF TRANSPORTATION.

11. NAMES OF ACCOMPANYING CERTIFICATED TEACHERS.

12. DEPARTURE AND RETURN TIMES.

13. PRE-PLANNING AND FOLLOW-UP ACTIVITIES FOR STUDENTS.

D. SCHOOL PRINCIPAL REVIEW AND APPROVAL

1. UPON RECEIPT OF A FIELD TRIP PROPOSAL, THE PRINCIPAL WILL:
a. REVIEW THE SPONSORING TEACHER’S REQUEST AND ONLY APPROVE THE REQUEST IF ALL OF THE REQUIREMENTS OF THE FIELD TRIP POLICY AND THIS RULE ARE FOLLOWED.

b. ENSURE THAT THE PROPOSAL IS CONSISTENT WITH THE EDUCATIONAL MISSION OF THE SCHOOL SYSTEM AND ALIGNS WITH THE CURRICULAR GOALS AND OBJECTIVES.

c. NOTIFY THE SPONSORING TEACHER OF THE DECISION IN WRITING.

d. PLACE THE FIELD TRIP ON THE SCHOOL CALENDAR.

e. FORWARD THE PROPOSAL TO THE APPROPRIATE OFFICE FOR REVIEW AND APPROVAL AS REQUIRED BY THIS RULE.

E. FIELD TRIPS WILL BE CONSIDERED APPROVED WHEN SIGNATURES ARE OBTAINED IN THE ORDER PROVIDED BELOW:

1. DAY AND EXTENDED-DAY FIELD TRIP PROPOSALS THAT INCLUDE OUT OF STATE TRAVEL – REQUIRE THE ADVANCE APPROVAL OF:
   a. SCHOOL PRINCIPAL
   b. EXECUTIVE DIRECTOR

2. OVERNIGHT FIELD TRIP PROPOSALS – REQUIRE THE ADVANCE APPROVAL OF:
   a. SCHOOL PRINCIPAL
   b. CURRICULUM CONTENT SUPERVISOR
   c. ASSISTANT SUPERINTENDENT FOR THE SCHOOL’S ZONE
   d. EXECUTIVE DIRECTOR

3. FOREIGN TRAVEL PROPOSALS – REQUIRE THE ADVANCE APPROVAL OF:
   a. SCHOOL PRINCIPAL
   b. CURRICULUM CONTENT SUPERVISOR
   c. ASSISTANT SUPERINTENDENT FOR THE SCHOOL’S ZONE
   d. EXECUTIVE DIRECTOR

VII. RESPONSIBILITIES

A. PRINCIPAL
1. Ensure that all required forms are completed in accordance with applicable timelines, requisite signatures have been obtained, and that the proposal is submitted for approval in accordance with the guidelines outlined in this rule.

2. Schedule field trips to minimize conflicts with other school activities, including testing schedules.

3. Ensure that classes are covered for teachers on approved field trips.

4. Ensure that the sponsoring teacher has access to the school building if a custodian will not be present at the time of the field trip departure or return.

5. Ensure that all contracts and agreements are approved in accordance with board policies, superintendent’s rules, and operating procedures. The principal shall be the signatory on all such contracts and agreements.

6. Ensure that the sponsoring teacher knows procedures to be followed in the event of an emergency, illness, or accident.

7. Ensure that the sponsoring teacher has arranged for coverage for any student not participating in the field trip.

8. Notify his/her assistant superintendent of any safety concerns that arise at any time before or during the field trip.

9. Maintain the original of all forms for the duration of the field trip and in accordance with the BCPS records retention schedule.

B. Sponsoring Teacher

1. All field trips
   a. Complete the appropriate field trip planning timeline form.
   b. Coordinate travel and lodging with the BCPS office of transportation and/or the
BOARD’S APPROVED TRAVEL AGENT, IF APPLICABLE.

c. ACT AS THE LIAISON WITH THE FIELD TRIP DESTINATION AND AS THE BCPS CONTACT PERSON FOR ALL QUESTIONS CONCERNING THE FIELD TRIP.

d. PREPARE, DISTRIBUTE, AND COLLECT ALL PERTINENT INFORMATION, INCLUDING PARENT PERMISSION, CHAPERONE AGREEMENT, STUDENT HEALTH HISTORY, AND AUTHORIZATION TO ADMINISTER MEDICATION FORMS.

e. COLLECT ALL MONIES AND DEPOSIT WITH THE SCHOOL FINANCIAL SECRETARY ON A DAILY BASIS.

f. FOR EXTENDED-DAY AND OVERNIGHT TRIPS, INCLUDE THE FOLLOWING INFORMATION WITH THE PERMISSION SLIP:

(1) DETAILED ITINERARY
(2) SPECIAL CLOTHING OR CASH NEEDS
(3) SPECIAL NIGHTTIME PROCEDURES
(4) PARENT ACKNOWLEDGEMENT THAT A STUDENT MAY BE SENT HOME AT THE DISCRETION OF THE SPONSORING TEACHER IN CONSULTATION WITH THE SCHOOL PRINCIPAL AT THE PARENT’S EXPENSE.

g. IDENTIFY TEACHERS TO ACCOMPANY AND SUPERVISE STUDENTS.

h. IDENTIFY CHAPERONES AND ENSURE THAT EACH CHAPERONE HAS COMPLETED THE BCPS VOLUNTEER TRAINING PROGRAM AND REQUISITE BACKGROUND INVESTIGATION CHECKS BY THE OFFICE OF INVESTIGATIONS AND RECORDS MANAGEMENT.

i. PROVIDE SCHOOL NURSE WITH LIST OF STUDENTS TO PARTICIPATE IN FIELD TRIP AT LEAST ONE WEEK IN ADVANCE. IN COLLABORATION WITH SCHOOL NURSE, DEVELOP PLAN TO MEET STUDENTS’ HEALTH NEEDS ON THE FIELD TRIP, WHICH MAY INCLUDE TRAINING IN MEDICATION ADMINISTRATION, FIRST AID, AND MAKING HEALTH OBSERVATIONS.
j. Notify the school’s cafeteria manager in advance of the trip of the number of students who will not be eating lunch on the day(s) of the trip.

k. Review expectations for responsible student/chaperone behavior; i.e. bus behavior, group and individual courtesy, following directions, compliance with the student code of conduct and all board policies, superintendent’s rules, and school procedures.

l. Carry a list of names of students and chaperones participating in the field trip, emergency contact information for each participant, and submit a list of same to the principal prior to the trip.

m. Notify the principal immediately of any emergency situation, including, but not limited to, an accident involving a student or other participant, student missing from the group, illness, etc.

n. Ensure completion of evaluation/follow-up activities to reinforce the educational objectives of the field trip.

o. Complete the field trip final report form.

2. Foreign Travel

The following additional responsibilities apply for foreign travel:

a. Make arrangements for air and lodging with the board’s approved travel agent.

b. Request the board’s travel agent send a representative to the mandatory pre-travel orientation sessions to respond to parent questions related to all aspects of the travel arrangements, including the company’s cancellation and refund policies and travel insurance.

c. Schedule, at a minimum, 2 mandatory pre-travel orientation sessions to inform students, chaperones, teachers, and
PARENTS ABOUT THE FOREIGN TRAVEL PROGRAM AND THEIR RESPONSIBILITIES.

(1) ORIENTATION SESSIONS SHALL BE MANDATORY FOR THE STUDENT PARTICIPANT AND HIS/HER PARENT.

(2) THE MANDATORY ORIENTATION SESSIONS WILL INCLUDE THE FOLLOWING:
   (a) STUDENT BEHAVIOR EXPECTATIONS.
   (b) THOSE EXPENSES, NOT INCLUDED IN THE COSTS, SUCH AS REQUIRED INOCULATIONS, PASSPORT/VISA EXPENSES, AND PERSONAL EXPENSES.
   (c) HEALTH AND SAFETY PROCEDURES AND PLANS, INCLUDING REQUIREMENT FOR HEALTH HISTORY AND MEDICATION ORDERS, IF NEEDED.

(3) THE TRAVEL AGENT’S TRIP CANCELLATION POLICY (IF APPLICABLE), AVAILABILITY OF TRAVEL INSURANCE, AND THE REFUND SCHEDULE (IF ANY).

(4) PARENT FINANCIAL RESPONSIBILITY IN THE EVENT A STUDENT IS REMOVED FROM PARTICIPATION IN THE FIELD TRIP FOR ANY REASON.

d. MAINTAIN CONTACT WITH THE EXECUTIVE DIRECTOR PRIOR TO DEPARTURE AS FOLLOWS:
   (1) PERIODICALLY TO MONITOR STATE DEPARTMENT TRAVEL ADVISORIES FOR THE TRIP DESTINATION.
   (2) IF THE STATE DEPARTMENT ADVISES AGAINST TRAVEL TO A COUNTRY ON THE FOREIGN TRAVEL ITINERARY, THE SPONSORING TEACHER MUST IMMEDIATELY INFORM THE PRINCIPAL.
      (A) THE PRINCIPAL OR SPONSORING TEACHER SHALL CONTACT THE BOARD’S TRAVEL AGENT TO DETERMINE WHETHER THE TRIP SHOULD BE CANCELLED OR RE-ROUTED AS A RESULT OF THE STATE DEPARTMENT’S TRAVEL ADVISORY.
(B) THE PRINCIPAL SHALL ADVISE THE ASSISTANT SUPERINTENDENT AND EXECUTIVE DIRECTOR IF THE BOARD’S TRAVEL AGENT HAS RECOMMENDED CANCELLATION OR RE-ROUTING OF THE TRIP. ALL CHANGES IN THE TRIP ITINERY SHALL REQUIRE THE APPROVAL OF EACH APPROVING SIGNATORY.

(c) THE PRINCIPAL SHALL NOTIFY STUDENTS, PARENTS/GUARDIANS, AND THE TRAVEL COMPANY OF THE DECISION IMMEDIATELY.

(d) IN NO EVENT SHALL THE FIELD TRIP ACTUALLY PROCEED TO THE LOCATION THAT IS THE SUBJECT OF THE ADVISORY WHILE THE ADVISORY IS IN EFFECT.

d. THE SPONSORING TEACHER SHALL DEVISE A CONTINGENCY PLAN FOR MAINTAINING COMMUNICATIONS WITH PARTICIPANTS IN THE EVENT OF AN EMERGENCY DURING THE FIELD TRIP.

e. UPON CONCLUSION OF THE FOREIGN TRAVEL, COMPLETE THE OVERNIGHT/ FOREIGN TRAVEL FINAL REPORT AND SUBMIT COPIES TO THE PRINCIPAL.

C. CHAPERONES
CHAPERONES WHO WILL ACCOMPANY THE STUDENTS ON THE FIELD TRIP OR FOREIGN TRAVEL PROGRAM ARE RESPONSIBLE FOR PAYING HIS/HER OWN COSTS AND SHALL:

1. COMPLETE THE BCPS VOLUNTEER TRAINING AND SIGN THE VOLUNTEER TRAINING CERTIFICATE.

2. COMPLETE THE BCPS VOLUNTEER SCREENING PROCESS AS DETERMINED BY THE OFFICE OF INVESTIGATIONS AND RECORDS MANAGEMENT.

a. CHAPERONES VOLUNTEERING TO SUPERVISE STUDENTS ON OVERNIGHT AND FOREIGN TRAVEL TRIPS MUST SUBMIT TO A COMMERCIAL BACKGROUND CHECK AND DEPARTMENT OF

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SOCIAL SERVICES BACKGROUND CHECK. SUCH CHECKS MUST BE COMPLETED AT LEAST 30 DAYS PRIOR TO THE SCHEDULED FIELD TRIP.

3. COMPLETE THE FIELD TRIP CHAPERONE AGREEMENT.
4. ATTEND ALL REQUISITE ORIENTATION SESSIONS, IF APPLICABLE.

D. PARENT

THE PARENT OF THE STUDENT PARTICIPANT SHALL:
1. COMPLETE THE FOLLOWING:
   a. PARENT/GUARDIAN PERMISSION FORM, AND
   b. FOR OVERNIGHT OR FOREIGN TRAVEL, COMPLETE THE FOLLOWING:
      (1) STUDENT HEALTH HISTORY FORM (RULE 6800, FORM K).
      (2) REQUEST TO ADMINISTER MEDICATION/TREATMENTS FORM, IF APPLICABLE. (RULE 6800, FORM L)
2. ATTEND ALL ORIENTATION SESSIONS, IF APPLICABLE.
3. FOR FOREIGN TRAVEL, BE RESPONSIBLE FOR THE COST OF TRAVEL TO AND FROM THE DESTINATION COUNTRY, REQUISITE INOCULATIONS, PASSPORT/VISA EXPENSES, MEDICAL/TRAVEL INSURANCE (MANDATORY), AND ANY PERSONAL COSTS ASSOCIATED WITH THE TRIP.
4. ACKNOWLEDGE THAT A STUDENT MAY BE SENT HOME AT THE DISCRETION OF THE SPONSORING TEACHER IN CONSULTATION WITH THE SCHOOL PRINCIPAL AT THE PARENT’S EXPENSE.

E. STUDENT PARTICIPANT

THE STUDENT PARTICIPANT SHALL:
1. ADHERE TO THE BCPS STUDENT CODE OF CONDUCT, BOARD POLICIES, SUPERINTENDENT’S RULES, AND ALL SCHOOL STAFF DIRECTIVES AT ALL TIMES WHILE PARTICIPATING IN THE FIELD TRIP AND/OR FOREIGN TRAVEL PROGRAM. (SEE, BOARD OF EDUCATION POLICY 5550, BEHAVIOR)
   a. VIOLATIONS OF THE STUDENT CODE OF CONDUCT MAY RESULT IN IMMEDIATE DISMISSAL FROM THE TRIP.
b. IN THE EVENT A STUDENT IS DISMISSED FROM THE FIELD TRIP OR IS SENT HOME FOR ANY REASON PRIOR TO THE CONCLUSION OF THE TRIP, THE STUDENT’S PARENT SHALL ASSUME ALL FINANCIAL RESPONSIBILITIES FOR RETURNING THE STUDENT TO HIS/HER HOME.

2. SIGN THE STUDENT AGREEMENT SECTION OF THE PARENT/GUARDIAN PERMISSION FORM.
3. ATTEND ALL ORIENTATION SESSIONS, AS APPLICABLE.
4. MAKE UP ANY SCHOOL WORK MISSED AS A RESULT OF PARTICIPATION ON THE FIELD TRIP.

VIII. CANCELLATION

A. THE SUPERINTENDENT RESERVES THE RIGHT TO CANCEL A FIELD TRIP AND/OR FOREIGN TRAVEL PROGRAM, OR RECALL THE GROUP, IF CIRCUMSTANCES SUGGEST THAT TRAVEL IS UNSAFE OR FOR ANY REASON DETERMINED WITHIN THE SUPERINTENDENT’S SOLE DISCRETION.

B. NEITHER THE BOARD, THE SUPERINTENDENT NOR BCPS SHALL BE FINANCIALLY RESPONSIBLE FOR LOSSES DUE TO CHANGES OR CANCELLATION OF A FIELD TRIP SCHEDULED UNDER THIS RULE.

[4. General Procedures

A. Day/Extended-Day and Overnight Field Trips

1. The sponsoring teacher is responsible for developing a plan that directly relates the objectives for the trip to the Essential Curriculum and/or regularly scheduled extracurricular or co-curricular program.

2. As appropriate, the sponsoring teacher shall complete either the Day/Extended Day Field Trip Proposal or the Overnight Field Trip/Foreign Travel Proposal.
3. Proposals shall be submitted to the school principal according to the following guidelines:
   a. Day/Extended Day Field Trip Proposal shall be submitted 20 days prior to departure.
   b. Overnight Field Trip/Foreign Travel Proposal shall be submitted 60 days prior to departure.

4. Day/Extended Day Field Trip Proposals shall be approved according to the procedure established by each school, consistent with the requirements of this rule, and shall include the signature of the principal. For day/extended day field trips involving out of state travel, the signature of the appropriate Executive Director of Schools is also required.

5. Once the Day/Extended Day Field Trip Proposal has been approved, forms should be completed as follows:
   a. By the teacher and chaperone:
      (1) Field Trip Planning Timeline
      (2) Chaperone Agreement Form.
   b. By the student and/or parent/guardian:
      (1) Day/Extended Day Field Trip parent/guardian permission form.

6. Overnight field trips shall be considered approved when signatures are obtained in the following order:
   a. Principal’s approval
   b. Curriculum supervisor’s validation
   c. Executive Director of Schools’ approval
   d. Approval of the Executive Director of Special Programs, PreK-12.

7. Once the Overnight Field Trip/Foreign Travel Proposal has been approved, forms shall be completed as follows:
a. By the teachers and chaperones:

(1) Field trip planning timeline  
(2) Chaperone Agreement Form.

b. By the student and/or parent/guardian:

(1) Overnight Field Trip/Foreign Travel Parent/Guardian permission form  
(2) Student health history for overnight or foreign travel field trips  
(3) If applicable, authorization to administer medications/treatments.

8. The principal shall notify the appropriate Executive Director of Schools if the principal has concerns about the safety of the trip at any time before departure.

9. The sponsoring teacher shall maintain a copy of the Overnight Field Trip/Foreign Travel Parent/Guardian Permission Form, with emergency contact information, and student health history for overnight and foreign travel field trips for each participant for the duration of the trip. The original of these documents shall be maintained at the school.

10. The sponsoring teacher shall notify the school nurse of the field trip in sufficient time for the nurse to review the list of participants in terms of the student health information, and to develop a plan for administration of medication or medical treatment, if required.

11. Upon conclusion of the field trip, the sponsoring teacher should complete the Field Trip Final Report.

12. Copies of all completed forms shall be retained in school files until the conclusion of the school year.

B. Foreign Travel
In order to ensure that foreign travel is related to educational goals and provides the necessary safety and security for all participants, the following procedures shall be followed:

1. The sponsoring teacher shall select a reputable travel agency or travel company in consultation with the Department of Special Programs, PreK-12.

2. Proposals for foreign travel shall be submitted to the school principal at least six months prior to departure. Before submitting the proposal, the sponsoring teacher shall consult the Executive Director of Special Programs, PreK-12, to review the U.S. Department of State’s public announcements regarding foreign travel to determine whether the Department has advised against travel to a location to be visited on the trip.

3. Foreign travel shall be considered approved when signatures are obtained in the following order:
   a. Principal’s approval
   b. Curriculum supervisor’s validation
   c. Executive Director of School’s approval
   d. Approval of the Executive Director of Special Programs, PreK-12.

4. Once the Overnight Field Trip/Foreign Travel Proposal has been approved, the following forms shall be completed:
   a. By the teachers and chaperones:
      (1) Foreign travel planning timeline
      (2) Chaperone Agreement Form.
   b. By the student and/or parent/guardian:
      (1) Overnight Field Trip/Foreign Travel Parent/Guardian Permission Form
      (2) Student health history for overnight or foreign travel field trips
      (3) If applicable, authorization to administer medications/treatments.
5. Pre-travel orientation session(s) shall be scheduled to inform students, chaperones, and parents/guardians about the travel plans as needed. At least one of the orientation sessions shall be mandatory for students who plan to participate and their parents/guardians. At the mandatory orientation session, the following information shall be disseminated: (A) Student behavior expectations, (Including Board Policy 5550, STUDENTS: Conduct - Disruptive Behavior and Policy 5560, STUDENTS: Conduct – Suspension and Expulsion); (B) The travel company’s trip cancellation policy (if applicable), availability of travel insurance, and the refund schedule (if any); and (C) Those expenses, not included in the costs, such as required inoculations, passport/visa expenses, and personal expenses. The sponsoring teacher shall request that the travel company send a representative to the mandatory orientation session. It is highly recommended that the company representative or company materials address items (B) and (C). The sponsoring teacher shall review item (A).

6. Prior to departure, the sponsoring teacher periodically shall consult with the Executive Director of Special Programs, PreK-12, who shall have access to the U.S. Department of State’s public announcement advisories of foreign travel. If the State Department advises against travel to a country on the foreign travel itinerary, the sponsoring teacher must inform the principal. The principal or sponsoring teacher shall contact the travel company to ascertain whether the travel company intends to cancel or reroute the trip to avoid the location that is the subject of the advisory. If not, the principal shall consult with the Executive Director of Schools to determine the appropriate course of action. The principal shall notify students, parents/guardians, and the travel company of the decision immediately. In no event shall the trip actually proceed to the location that is the subject of the advisory while the advisory is in effect.

7. The sponsoring teacher shall devise a contingency plan for maintaining communications with participants in the event of an emergency during the field trip.

8. Within one week of the date of departure, the sponsoring teacher shall obtain the final approval from the Executive Director of Special Programs, PreK-12. The sponsoring teacher shall notify the school nurse of the foreign travel trip in sufficient time to review the list of participants in terms of student health information, and to develop a plan for administration of medications or medical treatment, if required.
9. The sponsoring teacher shall maintain an additional copy of the Overnight Field Trip/Foreign Travel Parent/Guardian Permission Form, with emergency contact information, and student health history for overnight or foreign travel field trips for each participant for the duration of the trip. The original of these documents shall be maintained at the school.

10. Upon conclusion of the foreign travel, the sponsoring teacher shall complete the Overnight/Foreign Travel Final Report and submit copies to the principal and the Executive Director of Special Programs, PreK-12.

11. Copies of all completed forms shall be retained in school files until the conclusion of the school year.

LEGAL REFERENCES: ANNOTATED CODE OF MARYLAND, EDUCATION ARTICLE §4-105, COMPREHENSIVE LIABILITY INSURANCE; DEFENSE OF SOVEREIGN IMMUNITY.

ANNOTATED CODE OF MARYLAND, EDUCATION ARTICLE §7-308, SEARCHES OF STUDENTS AND SCHOOLS

COMAR 13A.08.01.01, ATTENDANCE

RELATED POLICIES: BOARD OF EDUCATION POLICY 3125, SCHOOL ACTIVITY FUNDS

BOARD OF EDUCATION POLICY 3150, BOARD INSURANCE

BOARD OF EDUCATION POLICY 3160, SCHOOL-SPONSORED ACTIVITIES

BOARD OF EDUCATION POLICY 5460, SEARCHES

BOARD OF EDUCATION POLICY 5500, CONDUCT

BOARD OF EDUCATION POLICY 5520, STUDENT DRESS CODE

BOARD OF EDUCATION POLICY 5530, STUDENT USE AND POSSESSION OF TOBACCO

BOARD OF EDUCATION POLICY 5540, ALCOHOLIC BEVERAGES AND DRUGS

BOARD OF EDUCATION POLICY 5550, BEHAVIOR

BOARD OF EDUCATION POLICY 6000, CURRICULUM AND INSTRUCTION
RULE 6800

BOARD OF EDUCATION POLICY 6100, CURRICULUM
BOARD OF EDUCATION POLICY SUB SERIES 8360, ETHICS CODE
BOARD OF EDUCATION POLICY 8410, FRAUD REPORTING

Rule
Approved: 10/10/02
Revised: 05/11/04
REVISED: ________

Superintendent of Schools
## BALTIMORE COUNTY PUBLIC SCHOOLS
### FIELD TRIPS AND FOREIGN TRAVEL
#### FORMS NEEDED CHART

<table>
<thead>
<tr>
<th>DAY/EXTENDED-DAY</th>
<th>OVERNIGHT NIGHT AND OUT OF STATE TRAVEL</th>
<th>FOREIGN TRAVEL</th>
<th>TITLE</th>
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<td>Overview and approval procedures chart for all field trips</td>
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<td>Field Trip Proposal for Overnight and Out-of-State Travel and Summary Sheet</td>
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<td>Field Trip Proposal for Foreign Travel and Summary Sheet</td>
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<td>Field Trip Proposal for Day and Extended-Day Field Trips</td>
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<td>Field Trip Notification – Cafeteria and School Nurse</td>
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<td>Student Health History</td>
<td>K</td>
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<td>Medication Authorization for Overnight/Foreign Field Trips and Health Care Provider’s Order(s)</td>
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<td>Final Report – Day/Extended-Day Field Trips</td>
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<td>Final Report – Overnight Field Trips and Foreign Travel</td>
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# BALTIMORE COUNTY PUBLIC SCHOOLS
## OVERVIEW AND APPROVAL PROCEDURES GUIDE

<table>
<thead>
<tr>
<th>PROPOSAL DEADLINES</th>
<th>DAY/EXTENDED-DAY</th>
<th>OVERNIGHT</th>
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<tbody>
<tr>
<td>20 calendar days prior to departure</td>
<td>60 calendar days prior to departure</td>
<td>6 months prior to departure</td>
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<tr>
<td>Principal</td>
<td>Principal</td>
<td>Principal</td>
<td>Executive Director, Special Programs</td>
</tr>
<tr>
<td>For Out of State Only:</td>
<td>Assistant Superintendent</td>
<td>Curriculum Content Supervisor</td>
<td>Assistant Superintendent</td>
</tr>
<tr>
<td>Executive Director, Special Programs</td>
<td>Executive Director, Special Programs</td>
<td>Executive Director, Special Programs</td>
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</table>

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<th>FOREIGN TRAVEL</th>
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<tr>
<td>Field Trip Proposal for Day and Extended-Day Field Trips (Form E)</td>
<td>Field Trip Proposal for Overnight and Out-of-State Travel (Form C)</td>
<td>Field Trip Proposal For Foreign Travel (Form D)</td>
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<td>Parent/Guardian Permission Form for Day and Extended-Day Field Trips (Form F)</td>
<td>Parent/Guardian Permission Form for Overnight and Foreign Field Trips (Form G)</td>
<td>Parent/Guardian Permission Form for Overnight and Foreign Field Trips (Form G)</td>
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<td>Chaperone Agreement Form (Form I)</td>
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<td>Field Report –Day/Extended-Day Field Trips (Form N)</td>
<td>Field Trip Planning Timeline Foreign Field Trips (Form O)</td>
<td>Field Trip Planning Timeline Foreign Field Trips (Form O)</td>
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<th>TEACHER</th>
<th>DAY/EXTENDED-DAY</th>
<th>OVERNIGHT</th>
<th>FOREIGN TRAVEL</th>
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<tr>
<td>Parent/Guardian Permission Form for Day and Extended-Day Field Trips (Form F)</td>
<td>Parent/Guardian Permission Form for Overnight and Foreign Field Trips (Form G)</td>
<td>Parent/Guardian Permission Form for Overnight and Foreign Field Trips (Form G)</td>
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<tr>
<td>Request to Administer Medication/Treatments Form, if applicable (Form L)</td>
<td>Student Health History Overnight or Foreign Travel Field Trips (Form K)</td>
<td>Student Health History Overnight or Foreign Travel Field Trips (Form K)</td>
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<tr>
<td></td>
<td>Request to Administer Medication/Treatments Form, if applicable (Form L)</td>
<td>Request to Administer Medication/Treatments Form, if applicable (Form L)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attend all requisite orientation sessions.</td>
<td></td>
</tr>
</tbody>
</table>
Baltimore County Public Schools
Field Trip Proposal
For
Overnight and Out-of-State Travel

This form must be submitted to the school principal 60 days prior to scheduled departure.

1. School Name: _____________________________________________________________________

2. Sponsoring Teacher(s):  ___________________________________________________________

3. Section or Grade/Student Group: ________________________ <attach list of all student participants>

4. Trip Destination: __________________________________________________________________

5. Dates of Trip - Departure: _________________________ Return: __________________________

6. Time of Departure: _________________________ Time of Return to School: _________________

7. Type: ____ In-State  ____ Out-of-State

8. Names of all accompanying teachers:

1. _______________________________________  4. ____________________________________

2. _______________________________________  5. ____________________________________

3. _______________________________________  6. ____________________________________

9. Transportation:

1. Bus
   a. County School Bus: _______ Yes _______ No

   b. Name of BCPS-Approved Contractor:____________________________________________

      Contact Person: _______________________________ Phone No.: ___________________

2. Air

   a. Name of Board-approved Travel Agent: _________________________________________

   b. Contact Person: _______________________________ Phone No.: ___________________

3. Other – Please specify:
_____________________________________________________________________________
_____________________________________________________________________________
10. Overnight Accommodations:
   a. Name of Hotel/Motel: _________________________________________________________
   b. Complete Address: ___________________________________________________________
   c. Contact Person: ___________________________ Phone No.: ______________________

11. Does the Trip involve high risk Activities? ____ Yes _____ No (If yes, continue below)
   1. Request for Risk Management Review form submitted and approved: _____Yes _____ No
   2. Copy of Risk Management approval attached: _____Yes _____ No

12. Detailed Itinerary for each day of trip attached: _____ Yes _____ No

13. Purpose of Trip <detailed plan on how the objectives of the trip directly relate to the curriculum/instructional program and anticipated outcomes>

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Sponsoring Teacher Signature: ___________________________ Date: ________________

Approval Signatures Required:

Principal: ___________________________ Date: ________________
Curriculum Content Supervisor: ___________________________ Date: ________________
Assistant Superintendent: ___________________________ Date: ________________
Executive Director, Special Programs: ___________________________ Date: ________________

FINAL DECISION:  □ Approved  □ Denied
  Reason: ___________________________
FIELD TRIP PROPOSAL SUMMARY SHEET

A. Summary

1. Number of students: _________________

2. Number of student school days involved: _____ Dates: _______________________________

3. Number of nights lodging: _____ Dates: _______________________________

4. Number of accompanying teachers: ________________

5. Number of chaperones needed: _________ (Male ________ Female ________)

6. Cost for Lodging: $ ______________________

7. Cost for transportation: $__________________

8. Cost for Meals: $_________________________

9. Cost for each scheduled activity <list each separately>:
   a. Activity: ________________________________, Cost: $____________
   b. Activity: ________________________________, Cost: $____________
   c. Activity: ________________________________, Cost: $____________

10. Estimated cost per student: $___________________

11. Total cost of trip: $_____________________

B. Source of Funds

1. ( ) Baltimore County Public Schools Instructional Budget
2. ( ) School Activity Funds
3. ( ) Other: _______________________________
4. ( ) Fund Raising Activities <Describe any fund raising activities which will be planned to underwrite trip expenses and attach to this form.>

C. Student Participation

Explain provisions that have been made to ensure that eligible students are not excluded from the trip because of inability to pay and/or disability?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
D. Educational Value
   a. Outline the anticipated educational value of the trip as it relates to the curriculum. Emphasize the contribution to the education of the students that could not be achieved by other means.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

b. What are the objectives of the trip and how are the experiences provided on the trip related to the class or school program?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

 c. How will the activities on the trip provide opportunities for students to obtain new skills, insights, knowledge, or appreciation?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

E. Activities for Students
Outline all pre-planning and follow-up activities for students to reinforce objectives of the trip:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

F. Class Coverage
   1. What provision has been made for instruction of remaining students in the classes of the sponsoring teacher and accompanying teachers? What effect does the trip have on other classes or programs?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
2. **What provisions have been made for students not participating in the trip?**

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

**G. Supervision**

a. **For the places to be visited, check all that apply:**
   - ( ) Handicapped accessible
   - ( ) Identification requirements
   - ( ) Other: _____________________________________________________________

b. **Nighttime Procedures**
   Explain provisions that have been made for supervision of students at night and while lodging.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

c. **Describe supervision plans to ensure maximum safety for students.**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**H. Additional Information or Comments**
List any additional information that you believe will assist in the approval of this trip:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**I. Required Attachments**

- [ ] Itinerary for each day of trip
- [ ] Approved Office of Risk Management Review Form
- [ ] List of participating students
- [ ] List of fundraising activities
- [ ] Trip cancellation/refund policy
This form must be submitted to the school principal 6 months prior to scheduled departure.

1. School Name: ________________________________________________________________

2. Sponsoring Teacher(s): ________________________________________________________

3. Section or Grade/Student Group: ________________________ <attach list of all student participants>

4. Trip Destination: _____________________________________________________________

5. Dates of Trip - Departure: _________________________ Return: _______________________

6. Time of Departure: _________________________ Time of Return to School: ______________

7. Names of all accompanying teachers:
   1. _______________________________________ 4. ____________________________________
   2. _______________________________________ 5. ____________________________________
   3. _______________________________________ 6. ____________________________________

8. Transportation:
   1. BCPS Approved Tour Bus Contractor
      a. Name of BCPS-Approved Contractor or Contractor hired by Travel Agent:
         ________________________________________________________________

         Contact Person: ____________________________ Phone No.: _______________

   2. Air
      a. Name of Board-approved Travel Agent: ________________________________

   3. Other – Please specify:
      __________________________________________________________________
      __________________________________________________________________

9. Overnight Accommodations:
a. Name of Hotel/Motel: _________________________________________________________

b. Complete Address: ___________________________________________________________

c. Contact Person: _____________________________ Phone No.: _______________________

10. Does the Trip involve High Risk Activities?    ____ Yes    _____ No  (If yes, continue below)

1. Request for Risk Management Review form submitted and approved: _____Yes _____ No

2. Copy of Risk Management approval attached: _____Yes _____ No

11. Detailed Itinerary for each day of trip attached: _____ Yes _____ No

12. Purpose of Trip <detailed plan on how the objectives of the trip directly relate to the curriculum/instructional program and anticipated outcomes>

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

13. Executive Director has been consulted to determine whether the State Department has posted travel advisories for any of the trip destinations: _____Yes _____ No

Sponsoring Teacher Signature: _____________________________ Date: ________________

Approval Signatures Required:

Principal: __________________________________________ Date: __________________

Curriculum Content Supervisor: _________________________ Date: __________________

Assistant Superintendent: _____________________________ Date: __________________

Executive Director, Special Programs: __________________ Date: __________________

FINAL DECISION:     □ Approved

     □ Denied
        Reason: ________________________________________________

A COMPLETED FIELD TRIP PROPOSAL SUMMARY SHEET MUST ACCOMPANY ALL PROPOSAL REQUESTS
FIELD TRIP PROPOSAL SUMMARY SHEET

A. Summary

1. Number of students: ________________

2. Number of student school days involved: _____ Dates: _________________________________

3. Number of nights lodging: ______ Dates:  __________________________________________

4. Number of accompanying teachers: ________________

5. Number of chaperones needed: ______ (Male _______ Female ________)

6. Cost for lodging: $ ______________________

7. Cost for transportation: $__________________

8. Cost for meals: $_________________________

9. Cost for each scheduled activity <list each separately>:
   a. Activity: ________________________________, Cost: $ __________
   b. Activity: ________________________________, Cost: $ __________
   c. Activity: ________________________________, Cost: $ __________

10. Estimated cost per student: $___________________

11. Total cost of trip: $_____________________

B. Source of Funds

1. (     ) Baltimore County Public Schools Instructional Budget
2. (     ) School Activity Funds
3. (     ) Other:  ________________________________________________
4. (     ) Fund Raising Activities <Describe any fund raising activities which will be planned to underwrite trip expenses and attach to this form.>

C. Student Participation

Explain provisions that have been made to ensure that eligible students are not excluded from the trip because of inability to pay and/or disability?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
D. Educational Value
   a. Outline the anticipated educational value of the trip as it relates to the curriculum. Emphasize the contribution to the education of the students that could not be achieved by other means.

   __________________________________________
   __________________________________________
   __________________________________________

   b. What are the objectives of the trip and how are the experiences provided on the trip related to the class or school program?

   __________________________________________
   __________________________________________
   __________________________________________

   c. How will the activities on the trip provide opportunities for students to obtain new skills, insights, knowledge, or appreciation?

   __________________________________________
   __________________________________________
   __________________________________________

E. Activities for Students
   Outline all pre-planning and follow-up activities for students to reinforce objectives of the trip:

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

F. Class Coverage
   1. What provision has been made for instruction of remaining students in the classes of the sponsoring teacher and accompanying teachers? What effect does the trip have on other classes or programs?

   __________________________________________
   __________________________________________
   __________________________________________
2. What provisions have been made for students not participating in the trip?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

G. Supervision
a. For the places to be visited, check all that apply:
   (    ) Handicapped accessible
   (    ) Identification requirements
   (    ) Other: _____________________________________________________________

b. Nighttime Procedures
   Explain provisions that have been made for supervision of students at night and while lodging.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

c. Describe supervision plans to ensure maximum safety for students.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

H. Additional Requirements for Foreign Travel*
   a. Passport Required: _____Yes _____ No
   b. Additional Photo ID Required: _____Yes _____ No
   c. Visa Required: _____Yes _____ No
   d. Medical/Travel Insurance Required: _____Yes _____ No <attach copies with costs>
   e. Inoculations Needed: _____Yes _____ No
      If yes, list all required/recommended inoculations: __________________________________________
      _______________________________________________________________________
      _______________________________________________________________________
   f. Estimated personal costs associated with trip: $_____________
   g. Trip cancellation/refund policy and schedule <attached copies>
I. Additional Information or Comments
List any additional information that you believe will assist in the approval of this trip:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

I. Required Attachments

☐ Itinerary for each day of trip

☐ Approved Office of Risk Management Review Form

☐ List of participating students

☐ List of fundraising activities

☐ Trip cancellation/refund policy

*In the case of foreign travel, consult the Foreign Travel Planning Timeline for additional provisions which must be made for the supervision, health, and safety of students. Upon trip approval, the sponsoring teacher must periodically consult the Executive Director for the most up to date foreign travel advisories issued by the U.S. Department of State.
Baltimore County Public Schools
Field Trip Proposal
for
Day and Extended-Day Field Trips

This form must be submitted to the school principal 20 days prior to scheduled departure.

1. School Name: _________________________________________________________________

2. Sponsoring Teacher(s): ________________________________________________________

3. Section or Grade/Student Group: ___________________ <attach list of all student participants>

4. Number of Students: _____________________

5. Trip Destination: _____________________________________________________________
   Contact Person at Site Destination: ____________________ Phone No. ____________

6. Dates of Trip - Departure: _________________________ Return: _________________________

7. Time of Departure: _________________________ Time of Return to School: _________________

8. Names of all accompanying teachers:
   1. _______________________________________ 4. ____________________________________
   2. _______________________________________ 5. ____________________________________
   3. _______________________________________ 6. ____________________________________

9. Transportation:
   1. Bus
      a. County School Bus: ______ Yes ______ No
      b. Name of BCPS-Approved Contractor: _________________________________________
         Contact Person: _____________________________ Phone No.: ______________________

   2. Other – Please specify:
      _____________________________________________________________________________
      _____________________________________________________________________________

10. Cost Per Pupil: $_________
11. Source of Funds
   ( ) Baltimore County Public Schools Instructional Budget
   ( ) School Activity Funds
   ( ) Other: ________________________________________________

12. Pre-planning Activities with Students: ________________________________________________

13. Follow-Up Activities: ________________________________________________________________

14. Class Coverage: _____Yes _____ No <if yes, complete coverage section below>

<table>
<thead>
<tr>
<th>Class requiring coverage</th>
<th>Person Covering</th>
<th>No.</th>
<th>Class requiring coverage</th>
<th>Person Covering</th>
<th>No.</th>
</tr>
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</table>

15. Does the Trip involve High Risk Activities? _____ Yes _____ No (If yes, continue below)
   1. Request for Risk Management Review form submitted and approved: _____Yes _____ No
   2. Copy of Risk Management approval attached: _____Yes _____ No

16. Detailed Itinerary for each day of trip attached: _____ Yes _____ No <required>

17. Purpose of Trip <detailed plan on how the objectives of the trip directly relate to the curriculum/instructional program and anticipated outcomes>

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Sponsoring Teacher Signature: ______________________________ Date: __________________

Approval Signatures Required:
Principal: ______________________________ Date: __________________
Executive Director, Special Programs: ______________________________ Date: __________________

FINAL DECISION: ☐ Approved
☐ Denied
Reason: ____________________________________________________________
**Baltimore County Public Schools**  
*Parent/Guardian Permission Form*  
**For**  
**Day and Extended-Day Field Trips**

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Student Name:</th>
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<tr>
<th>Date of Trip:</th>
<th>Destination:</th>
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<tr>
<th>Sponsoring Teacher:</th>
<th>Sponsoring Teacher Phone No.:</th>
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</tbody>
</table>

**Purpose of Field Trip/Relationship to curriculum/activities:**

**BCPS Approved Transportation:**  
- School Bus  
- Contract Bus  
- Parent will provide transportation*  
- Other - please specify: _____________________________

* Note: Advance approval by the school principal is required. The Board of Education of Baltimore County does not cover, nor is it liable for, comprehensive and collision coverage for the use of a private vehicle for school-sponsored activities.

**Cost to the Student:** $_______ <exact cash or check payable to school>

**Students will leave from:** __________________________at __________________.

**place**  
**time**

**Students will return to:** __________________________at about _______________.

**place**  
**time**

In the event the field trip schedule does not coordinate with the regular bus schedule, the following drop off/pick up arrangements apply:

( ) Parents must drop their child off at school by no later than _______ (time).

( ) Parents must pick up their child within 15 minutes of the scheduled return time noted above.

**Principal’s Approval:** __________________  
**Sponsoring Teacher:** __________________________

--- **Parent/Guardian:** Please complete Authorization and Emergency Medical Treatment Authorization Sections on Page 2 ---
AUTHORIZATION

I understand that my child’s participation in this field trip is voluntary. I understand that if I use my private vehicle to transport my child on a field trip, that the Board of Education of Baltimore County does not cover, nor is it liable for, comprehensive and collision coverage. I have read and understand the description of the field trip and authorize my child to participate in the activity. I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the BCPS Code of Conduct, and to abide by all decisions made by teachers, staff, and those in authority. I agree that BCPS has the right to enforce these rules, standards, and instructions. I agree that my child’s participation in this trip may at any time be terminated by BCPS in the light of my child’s failure to follow these regulations, or for any reason which BCPS may deem to be in the best interest of BCPS, and that my child may be sent home at my own expense. I fully understand and have explained to my child that failure to follow the Student Code of Conduct may result in disciplinary action.

_________________________________________________         ____________________________________________
(Signature of Parent/Guardian)                                                                 (Signature of Student)

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I certify that my child has no special medical or physical conditions which would impede participation in this field trip. I agree to disclose to BCPS any medications and/or prescriptions which my child shall or should take at any time during the duration of the field trip and complete the Request to Administer Medication/Treatment Form.

In a serious emergency, your son/daughter may have to be taken to the nearest hospital emergency room. Should such action be necessary, you will be notified as soon as possible and will be responsible for any charges incurred.

In the event of serious illness or injury to my child, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, when necessary, I authorize the chaperones to act on behalf of my child while participating in the field trip.

___________________________________________________ ___________________________________________________ ___
Parent/Guardian Signature                                                                                     Date

The parent/legal guardian must complete the information below:

Print First and Last Name:  ___________________________  ____________________________________________
Address: ____________________________________________  __________________________________________
Telephone: (Cell) __________________(Home)________________(Work) __________________
Emergency Contact’s Name: ____________________________________________
Relationship to Student:  ____________________________________________
Emergency Contact’s Telephone #s: ____________________________________________

RETURN THE COMPLETED FORM TO THE SPONSORING TEACHER.

If you have concerns or questions regarding the field trip, please contact the teacher sponsoring the field trip. For all health and medication questions and concerns, contact the school nurse at your child’s school.
### BALTIMORE COUNTY PUBLIC SCHOOLS
#### PARENT/GUARDIAN PERMISSION FORM
##### FOR
#### OVERNIGHT FIELD TRIPS AND FOREIGN TRAVEL

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Student Name:</th>
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<table>
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<tr>
<th>Date(s) of Trip:</th>
<th>Destination:</th>
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<table>
<thead>
<tr>
<th>Sponsoring Teacher:</th>
<th>Sponsoring Teacher Phone No.:</th>
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</thead>
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</tbody>
</table>

**Purpose of Overnight Field Trip/Foreign Travel - Relationship to curriculum/activities:**

**BCPS Approved Transportation:**
- [ ] School Bus
- [ ] Contract Bus
- [ ] Parent will provide transportation*
  - [ ] Airplane (arranged by BCPS authorized travel agent)
  - [ ] Other - please specify: ____________________

*For overnight field trips only:

Note: Advance approval by the school principal is required. The Board of Education of Baltimore County does not cover, nor is it liable for, comprehensive and collision coverage for the use of a private vehicle for school-sponsored activities.

**Lodging (arranged by BCPS authorized travel agent):**

- **Motel/Hotel Name:** ________________________________
- **Address:** ________________________________
- **Phone No.:** ________________________________

**Students will be housed** _______ (number students) per room and will be chaperoned by: ________________________________

**The cost to the student is:** $_________. A schedule of fees and detailed itinerary are attached.

**Students will leave from:** ________________________________ on ______________________ at ______________________.
- **(place)**
- **(date)**
- **(time)**

**Students will return to:** ________________________________ on ______________________ at about ______________________.
- **(place)**
- **(date)**
- **(time)**

In the event the field trip schedule does not coordinate with the regular bus schedule, the following drop off/pick up arrangements apply:

( ) Parents must drop their child off at school by no later than _______ (time).
( ) Parents must pick up their child within 15 minutes of the scheduled return time noted above.

**PRINCIPAL’S APPROVAL:** ________________________________
**SPONSORING TEACHER:** ________________________________

--- **PARENT/GUARDIAN: PLEASE COMPLETE AUTHORIZATION AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION SECTIONS ON PAGE 2 ---**
AUTHORIZATION

I have read and understand the description of the field trip and authorize my child to participate in the activity. I understand that if I use my private vehicle to transport my child on an overnight field trip, that the Board of Education of Baltimore County does not cover, nor is it liable for, comprehensive and collision coverage. I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the BCPS Code of Conduct, and to abide by all decisions made by teachers, staff, and those in authority. I agree that BCPS has the right to enforce these rules, standards, and instructions. I agree that my child’s participation in this trip may at any time be terminated by BCPS in the light of my child’s failure to follow these regulations, or for any reason which BCPS may deem to be in the best interest of BCPS, and that my child may be sent home at my own expense. I fully understand and have explained to my child that failure to follow the Student Code of Conduct may result in disciplinary action.

(Signature of Parent/Guardian)  (Signature of Student)

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I certify that my child has no special medical or physical conditions which would impede participation in this field trip. I agree to disclose to BCPS any medications and/or prescriptions which my child shall or should take at any time during the duration of the field trip and complete the Request to Administer Medication/Treatment Form.

In a serious emergency, your son/daughter may have to be taken to the nearest hospital emergency room. Should such action be necessary, you will be notified as soon as possible and will be responsible for any charges incurred.

In the event of serious illness or injury to my child, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, when necessary, I authorize the chaperones to act on behalf of my child while participating in the field trip.

____________________    ____________________
Parent/Guardian Signature    Date

The parent/legal guardian must complete the information below:

Print First and Last Name: _______________________________________________________

Address: _______________________________________________________

Telephone: (Cell) _______________________  (Home) _______________________  (Work) ______________________

Emergency Contact’s Name: _______________________________________________________

Relationship to Student: _______________________________________________________

Emergency Contact’s Telephone #: _______________________________________________________

RETURN THE COMPLETED FORM TO THE SPONSORING TEACHER.

IF YOU HAVE QUESTIONS OR CONCERNS REGARDING THE FIELD TRIP/FOREIGN TRAVEL, PLEASE CONTACT THE TEACHER SPONSORING THE TRIP. FOR ALL HEALTH AND MEDICATION QUESTIONS AND CONCERNS, CONTACT THE SCHOOL NURSE AT YOUR CHILD’S SCHOOL.
RULE 6800, FORM H

Baltimore County Public Schools
Field Trip Planning Timeline
Day/Extended-Day/Overnight

Complete each item as listed below. Provide completed document to your administrator at the time you receive the check for your trip. This form and all supporting documents should be kept on file for four (4) years following the last day of the trip.

Name of School: ____________________________  Date(s) of Trip: ____________________
Sponsoring Teacher __________________________ Destination: ______________________

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>Initial</th>
<th>AT LEAST EIGHT (8) WEEKS PRIOR TO TRIP:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1. Secure principal’s tentative approval to conduct field trip and approval to conduct fundraising, if applicable.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Review Policy/Rule 3160, School-Sponsored Activities, to determine if field trip includes high risk activities. If yes, complete Risk Management Review Form (Office of Risk Management Intranet Site) and submit completed form to Principal.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Contact place(s) being visited to make preliminary arrangements.</td>
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<td>4. Determine directions and identify equipment and clothing needed, itinerary, and cost.</td>
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<tr>
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<td></td>
<td>5. Submit Field Trip Proposal for Overnight and Out-Of-State Travel and Summary Sheet (Rule 6800, Form C). Include detailed itinerary for each day of the field trip.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Develop a plan for assisting students who are unable to pay their own expenses, and a method for return of unused funds. Review fundraising procedures, if appropriate.</td>
</tr>
</tbody>
</table>

OVERNIGHT/DAY/EXTENDED-DAY FIELD TRIPS - COMPLETE THE FOLLOWING

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>Initial</th>
<th>FOUR WEEKS PRIOR TO THE TRIP:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1. Review Policy/Rule 3160, School-Sponsored Activities, to determine if field trip includes high risk activities. If yes, complete Risk Management Review Form (Office of Risk Management Intranet Site) and submit completed form to Principal.</td>
</tr>
</tbody>
</table>
2. Submit *Field Trip Proposal for Day and Extended-Day Field Trips* (Rule 6800, Form E). Include detailed itinerary.

3. Follow site-based procedures to secure coverage.

4. Arrange for transportation (school bus or BCPS-approved contractor), meals, chaperones, lodging (if necessary, must be arranged through BCPS-approved travel agent), and distribute permission slips.

5. Determine if the destination is handicap accessible and that reasonable appropriate accommodations are available.

6. Identify chaperones and ensure that each chaperone has completed the BCPS volunteer training program and requisite background investigation checks by the Office of Investigations and Records Management.

7. Identify teachers to accompany and supervise students.

**TWO WEEKS PRIOR TO THE TRIP:**

8. Collect permission slips and money from students, if applicable. Follow site-based deposit procedures for all funds. (Note: All monies collected must be deposited daily with the school’s financial secretary.)

**ONE WEEK PRIOR TO THE TRIP:**

9. Complete Field Trip Notification – Cafeteria and School Nurse (Rule 6800, Form J) and provide notice of the field trip to the cafeteria manager and school nurse. Notice to the school nurse must include a list of all student participants.

10. Notify teachers, activity coordinators, and others affected by the trip.

11. Submit request for check to bookkeeper.

12. Prepare information regarding:
   - master list of those planning to participate
   - emergency telephone contacts, including back-up access to cellular phone
   - route to destination
### ONE TO THREE DAYS PRIOR TO TRIP:

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>Initial</th>
<th>Task</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>13.  Finalize group listings and master list of participants.</td>
</tr>
<tr>
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<td>14.  Prepare name tags, if appropriate.</td>
</tr>
<tr>
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<td></td>
<td>15.  Discuss with students behavior expectations, rules and policies, itinerary, appropriate attire, drop off and pick up information, and emergency procedures.</td>
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<tr>
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<td>16.  Confirm trip arrangements.</td>
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<td>17.  Confer with chaperones regarding trip specifics.</td>
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<tr>
<td></td>
<td></td>
<td>18.  Confer with school nurse regarding availability of first aid kit, necessary medication and treatment requirements, and the plan for administration of medication or medical treatment.</td>
</tr>
<tr>
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<td>19.  Submit to the principal a list of names of all students and chaperones participating in the field trip, along with emergency contact information for each participant.</td>
</tr>
</tbody>
</table>

### DAY OF FIELD TRIP:

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>Initial</th>
<th>Task</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>20.  Distribute to accompanying teachers a copy of the master list of all participants, including emergency contact information and specific health information, as necessary for each student.</td>
</tr>
<tr>
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<td></td>
<td>21.  Provide administration with copy of the passenger list, a copy of each permission slip, and the planned route to destination.</td>
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</tbody>
</table>

### FOLLOWING FIELD TRIP:

<table>
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<tr>
<th>Date Completed</th>
<th>Initial</th>
<th>Task</th>
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<tr>
<td></td>
<td></td>
<td>22.  Conduct follow-up activities with students.</td>
</tr>
<tr>
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<td></td>
<td>23.  Complete the <em>Final Report-Day/Extended-Day Field Trip</em> (Rule 6800, Form M), or, for overnight travel, <em>Final Report-Overnight Field Trips and Foreign Travel</em> (Rule 6800, Form N) and submit copy to principal.</td>
</tr>
</tbody>
</table>
**Baltimore County Public Schools**

**Chaperone Agreement Form**

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY THE CHAPERONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name (As it will appear on driver’s license)</strong></td>
</tr>
<tr>
<td><strong>Trip Destination:</strong></td>
</tr>
<tr>
<td><strong>Date(s) of Trip:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
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</table>

**DUTIES OF CHAPERONES**

1. Sign in at school prior to the field trip and sign out prior to leaving school grounds.
2. All adults participating in a school field trip do so in a supervisory capacity and will follow the directions of the sponsoring teacher or other school personnel.
3. Chaperones should seat themselves at various points on the bus(es) as determined by the sponsoring teacher.
4. Do not discipline any student at any time. Report behavior concerns to the sponsoring teacher or other school personnel.
5. Chaperones shall refrain from bringing visitors, children, siblings, or others in their care on the field trip.
6. Chaperones are to remain with the group during all scheduled activities.
7. Chaperones are expected to be aware and conscious of incidents or situations that may be safety problems.
8. The sponsoring teacher will make all decisions concerning appropriate behavior and the interpretation of school policies, rules, and procedures.

All chaperones for day/extended-day field trips are required to complete a BCPS volunteer application, complete the BCPS volunteer training, and sign a BCPS Volunteer Training Certificate no later than 30 days prior to the scheduled field trip. For overnight field trips and foreign travel, chaperones must also complete a commercial background check and Department of Social Services screening through the Office of Investigations and Records Management at least 30 days prior to the scheduled trip.

Chaperone Signature _______________________________ Date ____________

**The chaperone must complete the information below:**

Print First and Last Name: ________________________________

Emergency Contact’s Name: ________________________________

Emergency Contact’s Telephone Number(s): home: ________________ cell:__________________________
BALTIMORE COUNTY PUBLIC SCHOOLS
FIELD TRIP NOTIFICATION - CAFETERIA

Please turn this form into the cafeteria manager no later than one week in advance of the scheduled field trip.

Grade(s): _____________________________  Sponsoring Teacher: __________________________

Teacher(s): __________________________________________________________________________

Departure Date: _______________  Return Date: _______________

Number of students who will be participating in the field trip: __________

Received by ___________________________________________  Date ______________
Cafeteria Manager

BALTIMORE COUNTY PUBLIC SCHOOLS
FIELD TRIP NOTIFICATION – SCHOOL NURSE

Please turn this form into the school nurse no later than one week in advance of the scheduled field trip.

Grade(s): _____________________________  Sponsoring Teacher: __________________________

Teacher(s): __________________________________________________________________________

Departure Date: _______________  Return Date: _______________

Number of students who will be participating in the field trip: __________

List of student participants (attached):

Received by ___________________________________________  Date ______________
School Nurse
# BALTIMORE COUNTY PUBLIC SCHOOLS
## STUDENT HEALTH HISTORY
### OVERNIGHT OR FOREIGN TRAVEL FIELD TRIPS

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Sponsoring Teacher:</th>
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<th>Date(s) of Trip:</th>
<th>Destination:</th>
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<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student Birth Date:</th>
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<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Home Phone No.: (<em><strong>)</strong></em>_________________</th>
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<tbody>
<tr>
<td></td>
<td>Work Phone No.: (<em><strong>)</strong></em>_________________</td>
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<tr>
<td></td>
<td>Cell Phone No.: (<em><strong>)</strong></em>_________________</td>
</tr>
</tbody>
</table>

## HEALTH HISTORY

1. Is your child under the care of a health care provider for any health concerns?
   - [ ] Yes   - [ ] No

   If Yes, please list all health concerns:
   
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

2. Does your child have a serious allergy to a food, insect sting and/or drug?
   - [ ] Yes   - [ ] No

   If Yes, please describe:
   
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

3. List any medications vitamins and supplements that your child takes each day and all emergency or “as needed” medications*:

   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
HEALTH HISTORY, CONTINUED

4. Does your child have any special dietary considerations?* ☐ Yes ☐ No

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

5. Provide any other important health related information about your child:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

READ AND SIGN THE FOLLOWING:

This health history provided in this document is correct so far as I know. I give permission for ______________________ to participate in all field trip activities, except as noted.

Authorization is hereby granted to release this information to appropriate school personnel and BCPS teacher chaperones who will be accompanying students on the above-referenced field trip.

_____________________________________________   _______________
Parent/Guardian signature                        Date

* Any prescribed and/or over-the-counter medications and special diets require a physician’s order. The parent must complete the attached Request to Administer Medication/Treatments Form (Rule 6800, Form and return it to the school nurse prior to the scheduled trip.
Dear Parent/Legal Guardian:

To request medication administration on an overnight field trip or foreign travel:

- This form must be completed and signed by the parent and the student’s health care provider.
- The medication container must be labeled by the pharmacy with the student’s name, prescriber’s name, name of medication, dosage, route, conditions for storage, prescription date, and expiration date.
- Unless otherwise specified, the medical order is valid for the field trip only.

### HEALTH CARE PROVIDER’S ORDER

Your patient will be participating in a trip to ________ from ________ to ________. Please indicate below any prescription and/or over-the-counter medications and/or medical treatment(s) that your patient will need on this trip. The school nurse will review the orders and provide training to unlicensed school staff who will oversee the administration of all medications and treatments.

| Name of Student: | ________________________________ | Date of Birth: | Grade: | |

<table>
<thead>
<tr>
<th>Drug Name or Treatment Required</th>
<th>Dosage, Frequency, Route</th>
<th>For What Condition</th>
<th>Is Student able to do this independently?</th>
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<tbody>
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<td>________________________________</td>
<td>____________________</td>
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</tbody>
</table>

Prescriber’s Name/Title: ________________________________ Telephone: __________________________

Address: ________________________________ Fax: __________________________

Prescriber’s Signature: ________________________________ Date: __________________________

(Original signature or signature stamp ONLY)

### PARENT/GUARDIAN AUTHORIZATION

I request designated school personnel to administer or oversee the administration of the medication(s) as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above. I authorize the school nurse to communicate with the health care provider. I understand that a school nurse will not be in attendance on this field trip.

Parent/Guardian Signature: ________________________________ Date: __________________________

Home Phone #: __________________________ Cell Phone #: __________________________ Work Phone #: __________________________
Baltimore County Public Schools
Final Report – Day/Extended-Day Field Trips

This report should be completed by the sponsoring teacher after the conclusion of the field trip and submitted to the principal.

| School Name: _____________________________________________________________________ |
| Sponsoring Teacher (s): ____________________________________________________________ |
| Section or Grade/Student Group: ______________________ ____________________________ |
| Trip Destination: __________________________________________________________________ |
| Dates of Trip: Departure: _________________________ Return: ____________________________ |
| Transportation Provided by: __________________________________________________________ |

1. Any accidents or unusual incidents? _____ Yes _____ No If yes, give details:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. Student injury or illness? _____ Yes _____ No
If yes, complete Student Accident Report Form and return to school principal.

3. Any unacceptable or disruptive behavior which misrepresents the standards of the schools? _____ Yes _____ No If yes, give details:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. Student medication(s)/treatment(s) - submit a report to the school nurse, returning the first aid kit and any other medical equipment, and to verify medications or treatment administered. Date report/medical equipment provided to school nurse: _____________ (date)

Summary:
5. Did all aspects of the trip meet your expectations? Did you receive all services promised in the itinerary/contract(s) signed?
______________________________________________________________________________
______________________________________________________________________________

1
6. How would you rate?

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>Average</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus/Transportation</td>
<td></td>
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<tr>
<td>Student Interest</td>
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<td></td>
</tr>
<tr>
<td>Cost</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Trip Expectations</td>
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<td>Educational Value</td>
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7. Were there any problems encountered? Explain
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8. To what extent was the field trip a learning process which effectively extends student understanding of concepts and grade level/course curriculum presented in the classroom?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

9. How was the field trip setting safe and conducive to learning?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

10. How was information presented to students appropriate to their interests and learning needs? Explain.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

11. Would this field trip be of value to other groups of students? ______ Yes ______ No
    Which class/group: ____________________________

Sponsoring teacher signature ____________________________ Date ________________
RULE 6800, FORM N
Baltimore County Public Schools
Final Report – Overnight Field Trips and Foreign Travel

This report should be completed by the sponsoring teacher after the conclusion of the field trip and submitted to the principal. For foreign travel, a copy of the form should also be forwarded to the Executive Director, Special Programs.

School Name: _______________________________________________________________________
Sponsoring Teacher (s): _______________________________________________________________________
Section or Grade/Student Group: ____________________________
Trip Destination: _______________________________________________________________________
Dates of Trip: Departure: _________________________ Return: __________________________
Transportation:
______ Bus - Contractor Name: ____________________________
______ Air – Travel Agent Name: ____________________________
______ Other – Explain: _______________________________________________________________________
Overnight Accommodations: _______________________________________________________________________

1. Any accidents or unusual incidents? _____ Yes _____ No If yes, give details:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

2. Student injury or illness? _____ Yes _____ No If yes, complete Student Accident Report Form and return to school principal.

3. Any unacceptable or disruptive behavior which misrepresents the standards of the schools? _____ Yes _____ No If yes, give details:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

4. Student medication(s)/treatment(s) - submit a report to the school nurse, returning the first aid kit and any other medical equipment, and to verify medications or treatment administered. Date report/medical equipment provided to school nurse: ____________ (date)
SUMMARY:

5. Did all aspects of the trip meet your expectations? Did you receive all services promised in the itinerary/contract(s) signed?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

6. Were there any last minute changes made in the following (if marked, explain):
   _____ Overnight Accommodations
   _____ Dining Arrangements
   _____ Flights
   _____ Ground transportation
   _____ Itinerary

   Explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

7. How would you rate?

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<tr>
<th></th>
<th>Low</th>
<th>Average</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>Bus/Transportation</td>
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<td>Travel Agent</td>
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<td>Overnight Accommodations</td>
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<td>Student Interest</td>
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<td>Cost</td>
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<td>Trip Expectations</td>
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8. Were there any problems encountered? Explain
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8. To what extent was the field trip a learning process which effectively extends student understanding of concepts and grade level/course curriculum presented in the classroom?
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9. How was the field trip setting safe and conducive to learning?
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______________________________________________________________________________
______________________________________________________________________________

10. How was information presented to students appropriate to their interests and learning needs? Explain.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

11. Would this field trip be of value to other groups of students? ______ Yes ______ No
Which class/group: ________________________________________________________________

Sponsoring teacher signature ____________________________________________ Date __________
Complete each item as listed below. Provide completed document to your administrator at the time you receive the check for your trip. This form and all supporting documents should be kept on file for four (4) years following the last day of the trip.

**Name of School:** ____________________________  **Date(s) of Trip:** _____________________  
**Sponsoring Teacher** __________________________  **Destination:** ________________________

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<tr>
<th>Date Completed</th>
<th>Initial</th>
<th>AT LEAST SIX (6) MONTHS PRIOR TO TRIP:</th>
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<tr>
<td>____________</td>
<td>______</td>
<td>1. Secure principal’s tentative approval to: (a) conduct foreign travel trip, (b) ensure no conflicts exist with approved school calendar; (c) to conduct fundraising, if applicable. Note: If more than 5 school days, permission of Superintendent is required.</td>
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<td>2. Consult with the Executive Director, Special Programs, to determine whether the State Department has posted travel advisories for any of the trip destinations.</td>
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<td>3. Review Policy/Rule 3160, School-Sponsored Activities, to determine if field trip includes high risk activities. If yes, complete Risk Management Review Form (Office of Risk Management Intranet Site) and submit completed form to Principal.</td>
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<td>4. Contact Board’s approved travel agent to secure preliminary costs for air and lodging.</td>
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<td>5. Contact place(s) being visited to make preliminary arrangements.</td>
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<td>6. Identify accompanying teachers (include names on Field Trip Proposal Form Rule 6800, Form D).</td>
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<td>7. Determine if the destination(s) is handicap accessible and that reasonable appropriate accommodations are available.</td>
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<td>6. Submit <em>Field Trip Proposal for Foreign Travel and Summary Sheet</em> (Rule 6800, Form D). Include detailed itinerary for each day of the field trip.</td>
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<td>____________</td>
<td>______</td>
<td>7. Develop a plan for assisting students who are unable to pay their own expenses, and a method for return of unused funds. Review fundraising procedures, if appropriate.</td>
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</table>
8. Upon receipt of the approved proposal, compile a packet of materials that includes trip itinerary, detailed financial information, payment deadlines, trip cancellation/refund policies, and the travel contract.

9. Determine necessary travel documents, inoculations, and determine plan to secure required items.

10. Continue to consult the Executive Director, Special Programs, to monitor State Department travel advisories. List Dates of Contact/Response:

11. a. Conduct a meeting for parents/students to determine group size and number of chaperones needed.
   b. Schedule two (2) mandatory orientation sessions for all participants and parents/guardians.
   c. Contact Travel Agent to ensure a representative is available to attend the orientation sessions.
   d. Orientation sessions should include:
      - Student behavior expectations.
      - Expenses not included in the costs, such as required inoculations, passport/visa expenses, and personal expenses.
      - Health and safety procedures, including requirement for health history and medication orders, if needed.
      - Travel Agent’s trip cancellation policy, availability of travel insurance, and refund schedule.
      - Notice to parent of his/her financial responsibility in the event the student is removed from participation for any reason and returned home.

   Date of first orientation meeting: ___________________

   Date of second orientation meeting: _________________

12. Establish a deadline for student commitment to travel.
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<th>Date Completed</th>
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**FOUR (4) MONTHS PRIOR TO THE TRIP:**

13. Collect permission slips, *Student Health History* (Rule 6800, Form K), and *Request to Administer Medication/Treatments* (Rule 6800, Form L), if applicable.

14. Collect all monies, following site-based deposit procedures for all funds. (Note: All monies collected must be deposited daily with the school’s financial secretary.)

15. Check with participants to ensure that necessary travel documents have been obtained. Make copies of each passport/visa. (Copies of each passport/visa are to be carried by the chaperoning teacher on the trip in the event of an emergency.)

16. Confirm Airline and Lodging arrangements with BCPS Travel Agent.

17. Identify chaperones and ensure that each chaperone has completed the BCPS volunteer training program and requisite background investigation checks by the Office of Investigations and Records Management. Note: Chaperones must complete a commercial background check, as well as a Department of Social Services screening, through the Office of Investigations and Records Management at least 30 days prior to the scheduled trip.

18. Submit request for purchase order(s) to bookkeeper, if necessary.

**TWO (2) WEEKS PRIOR TO THE TRIP:**

19. Complete Field Trip Notification – Cafeteria and School Nurse (Rule 6800, Form J) and provide notice of the field trip to the cafeteria manager and school nurse. Notice to the school nurse must include a list of all student participants.

20. Notify teachers, activity coordinators, and others affected by the trip.

21. Submit request for check(s) to bookkeeper.

22. Prepare information regarding:
   - master list of those planning to participate
   - emergency telephone contacts, including back-up access to cellular phone
   - copies of participants’ passports/visas
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<th>Date Completed</th>
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<th>ONE TO THREE DAYS PRIOR TO TRIP:</th>
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<td>23. Finalize group listings and master list of participants.</td>
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<td>24. Prepare name tags, if appropriate.</td>
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<td>25. Discuss the following with students: behavior expectations, rules and policies, itinerary, appropriate attire, drop off and pick up information, and emergency procedures.</td>
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<td>27. Contact Executive Director, Special Programs, to obtain final approval and to confirm no travel advisories issued by State Department.</td>
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<td>28. Confer with chaperones regarding trip specifics.</td>
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<td>29. Confer with school nurse regarding availability of first aid kit, necessary medication and treatment requirements, and the plan for administration of medication or medical treatment.</td>
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<td>30. Submit to the principal a list of names of all students and chaperones participating in the field trip, along with emergency contact information for each participant.</td>
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<td><strong>DAY OF FIELD TRIP:</strong></td>
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<td>31. Distribute to accompanying teachers a copy of the master list of all participants, including emergency contact information and specific health information, as necessary for each student.</td>
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<td>32. Provide principal with copy of the passenger list, a copy of each permission slip, and the planned itinerary for each day. Include contact information for each accompanying teacher.</td>
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<td><strong>FOLLOWING FIELD TRIP:</strong></td>
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<td>33. Conduct follow-up activities with students.</td>
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<td>34. Complete the <em>Final Report-Overnight Field Trips and Foreign Travel</em> (Rule 6800, Form N) and submit copy to principal.</td>
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