**Houston ISD**

**Southwest Area Schools Office**

**Field Trip Request Checklist**

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Destination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirements** | **Local** | **Non-Local**  **Out of District &**  **Out-of-State** | **Out of Country** | **Notes** |
| **Pre-Planning Approval Request for Student Trip**   * Submitted not later than 60 days for out-of-district or out-of-state trips ***which are 3 instructional days or more.*** * Submitted not later than 120 days for out-of-country trips. |  |  |  |  |
| **Sponsor’s Request for Approval of Field Trip (Form 40.5110)** |  |  |  |  |
| **Parent Approval Form**   * Form must be completed by the Parent and on file at the school prior to participation by the Student for all trips. * Copies submitted to Schools Office prior to non-local out-of-district and out-of-state field trips. |  |  |  |  |
| **Educational Purpose *(Field Lesson Implementation Plan)***   * List of specific learning objectives and activities. |  |  |  |  |
| **Itinerary**   * Sufficient details on lodging, transportation, destinations, & key dates/times. |  |  |  |  |
| **Transportation**   * Vans with a rated passenger capacity of no more than 10 persons (to include the driver) may be used. * Proof of auto liability insurance required for private passenger vehicle use. |  |  |  |  |
| **Field Trip Costs**   * Cost per student * How the trip will be financed. |  |  |  |  |
| **Chaperones**   * List of Chaperones and Titles. * 1 chaperon per 12 students is required. * Evidence of valid TX Driver’s License and liability insurance if duties involve driving. |  |  |  |  |
| **Students**   * Typed list of Students and Grade Levels * Students must be passing all subjects and eligible to participate in extracurricular activities. |  |  |  |  |
| **Medical**   * Verification that any unusual medical information on students, which may be necessary in the event of an emergency during out-of-district trips has been obtained on Medical Release Forms. |  |  |  |  |
| **Foreign Travel**   * Applicable only to 9th – 12th Grade students. * Release of Liability forms submitted to SSO prior to out-of-country trip. |  |  |  |  |
| **School Support Officer’s Approval / Signature**   * If trip is local, non-local, out-of-district, out-of-state, or out-of-country. |  |  |  |  |
| **Chief School Officer’s Approval / Signature**   * If trip is one to two school days * If trip is non-local, out-of-district, out-of-state, or out-of-country. |  |  |  |  |
| **Superintendent of Schools**   * If trip is three (3) or more instructional days and/or is a non-local, out-of-state or out-of-country |  |  |  |  |

***NOTE:*** *Local trips are considered trips within Harris County and its adjacent counties (Liberty, Chambers, Galveston, Brazoria, Fort Bend, Waller, Grimes and Montgomery.)*

**HOUSTON INDEPENDENT SCHOOL DISTRICT**

**SPONSOR’S REQUEST FOR APPROVAL OF FIELD TRIP**

**(To be completed by Sponsor and Submitted to Principal for Processing)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| REQUEST FOR PERMISSION FOR  *(Name of School**to take Field Trip)* | | | | | | | |  | | | | | | | | |
| Group or Class\* | |  | | | | | | | | | | | | | | |
| Teacher(s) |  | | | | | | | | | | | | | | | |
| Place to be visited  *(Give physical address)* | | |  | | | | | | | | | | | | | |
| Purpose of visit/specific learning activities *(Attach Field Lesson Plan)* | | | | | | | | | | | |  | | | | |
| Day(s) of visit | | |  | | | | | | | Date(s) of visit | | | |  | | |
| Departure time | |  | | | | | | | Return Time | |  | | School time required | |  | |
| Number of students\* | | | | |  | | | | | | Minimum number of chaperones required | | | | |  |
| *Ratios: Secondary Schools 12 to 1* | | | | | | | | | | | | | | | | |
| Chaperones  *(Title, First Name, and Last Names)* | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | |
| Cost to students | | | |  | | | | | | | | | | | | |
| Type of transportation | | | | | | | HISD Bus  Private Vehicle  Rental Vehicle | | | | | | | | | |
| Transportation specifics | | | |  | | | | | | | | | | | | |

*\*Students must be eligible to participate in extracurricular activities and be passing all subjects.*

NOTE: *Overnight, out-of-town/district or out-of–country trips must attach the following:*

|  |  |  |
| --- | --- | --- |
| * Accounting Statement |  | * Parent Approval Forms with signatures. |
| * Itinerary Details |  | * Release of Liability Form |
| * Medical Release Forms |  | * + Transportation Liability Proof, if applicable |
| * + List of students with verification that student are eligible to participate on this field trip. | | |

I have read Board Policies and Administrative Procedures Section 425.00 and subsections pertaining to student trips; this trip will be conducted in accordance with the established basic guidelines and any additional requirements developed at the individual school level.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Sponsor’s Signature | | | |
|  | | | |
| Signed: |  | Date: |  |
| Principal’s Signature | | | |

**APPROVAL:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| School Support Officer’s Signature | | | |
|  | | | |
| Signed: |  | Date: |  |
| Chief School Officer’s Signature (if applicable) | | | |
|  | | | |
| Signed: |  | Date: |  |
| Superintendent’s Signature (if applicable) | | | |
|  | | | |

*Form #: 40.5110*

**Field Lesson Implementation Plan**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of School | |  | | | Date Submitted | |  | | | | |
|  | | | | | | | | | | |
| Title of Field Lesson | | |  | | | | | | | |
|  | | | | | | | | | | |
| Grade Levels |  | | | | Date of Field Lesson | | | |  | |
|  | | | | | | | | | | |
| Number of Students | | |  | Number of Teachers | |  | | Number of Parents | |  |

**INSTRUCTIONAL OBJECTIVES:**

|  |
| --- |
|  |
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|  |
|  |

**ACTIVITIES:**

**Prior to the Field Lesson**

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|  |

**During the Field Lesson**

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| --- |
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|  |

**Following the Field Lesson**

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| --- |
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**EVALUATION:**

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|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Teacher(s) |  | Signature Approval of Principal |

**HOUSTON INDEPENDENT SCHOOL DISTRICT**

**MEDICAL RELEASE FORM**

|  |
| --- |
|  |
| School Name |
| Name: |  | | | |
|  | | | | |
| Address: | |  | | |

*Please include area code*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Home Phone No.: |  | | | Alternative Phone No.: | | |  |
|  | | | | | | | |
| Parent’s Cellular No.: | | |  | Parent’s Cellular No.: | | |  |
|  | | | | | | | |
| Parent’s Work No.: | |  | | | Parent’s Work No.: |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I |  | | release my daughter/son guardianship rights for the | | |
| following date(s) | |  | | . |  | |
| District employees can only administer medication that has been prescribed by a doctor. District policy requires:   * Written physician and parent consent on file for each medication to be given * All prescribed medication must be in the original container in which the prescription label is affixed. * Students with asthma, life-threatening food allergies and diabetes may self-carry emergency medications with required consents * All other prescribed medications must be administered by an authorized district employee. * If school personnel already administer medication in accordance with this policy, then no further action is required. | | | | | |

A physician and parent consent has been provided for the following prescribed medications:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. |  | Dosage |  | Taken at |  |
|  | (name of medication) |  | (amount given) |  | (time) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2. |  | Dosage |  | Taken at |  |
|  | (name of medication) |  | (amount given) |  | (time) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3. |  | Dosage |  | Taken at |  |
|  | (name of medication) |  | (amount given) |  | (time) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| My daughter/son has her/his hospital or medical card: |  | yes |  | no |

|  |  |  |  |
| --- | --- | --- | --- |
| In case of an Emergency please call |  | at |  |

(if parent cannot be reached) (include area code)

In order to ensure a safe and enjoyable trip, please list any health conditions that your child may have.

|  |
| --- |
|  |
|  |
|  |

My signature below gives you permission to take my daughter/son to a hospital or medical facility, gives my permission for my child to receive medical treatment and gives my permission for the above medication to be administrated to my child.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Parent Printed Name |  | Parent Signature |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Sponsor Printed Name |  | Sponsor Signature |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Principal Printed Name |  | Principal Signature |  | Date |

**DISTRITO ESCOLAR INDEPENDIENTE DE HOUSTON**

**AUTORIZACIÓN PARA ATENCIÓN MÉDICA**

|  |
| --- |
|  |
| Escuela |

|  |  |  |
| --- | --- | --- |
| Nombre: |  | |
|  | | |
| Dirección: | |  |

Incluya el prefijo local

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Teléfono de cala: |  | | Teléfono alternativo: | | |  |
|  | | | | | | |
| Teléfono celular: |  | | Teléfono celular: | |  | |
|  | | | | | | |
| Teléfono del trabajo: | |  | | Teléfono del trabajo: | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yo, |  | | cedo la tutela de mi hijo(a) para la siguiente | | |
| fecha(s) | |  | | . | Mi hijo(a) toma los siguientes | |
| medicamentos y se le deben administrar en este viaje siguiendo las indicaciones: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. |  | Dosis |  | A las |  |
|  | (medicamento) |  | (cantidad) |  | (hora) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2. |  | Dosis |  | A las |  |
|  | (medicamento) |  | (cantidad) |  | (hora) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3. |  | Dosis |  | A las |  |
|  | (medicamento) |  | (cantidad) |  | (hora) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mi hijo(a) tiene su tarjeta médica: |  | sí |  | no |

|  |  |  |  |
| --- | --- | --- | --- |
| En caso de emergencia por favor llame a |  | al |  |

(si no se puede comunicar con los padres) (Incluya el prefijo local)

Para que el viaje sea agradable y seguro, por favor incluya cualquier condición médica de su hijo(a).

|  |
| --- |
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|  |

Mi firma autoriza llevar a mi hijo(a) a un hospital o centro médico y recibir atención médica y que se le administren los medicamentos listados arriba.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Nombre del padre o madre (anote) |  | Firma del padre o madre |  | Fecha |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Nombre del organizador |  | Firma del organizador |  | Fecha |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Nombre del director |  | Firma del director |  | Fecha |

**RELEASE OF LIABILITY FOR STUDENT PARTICIPATION IN TRIP WITH  
DESTINATION OUTSIDE THE UNITED STATES**

STATE OF TEXAS COUNTY OF HARRIS

WHEREAS It is recognized that trips to destinations outside the United States of America pose risks to travelers; and

WHEREAS the parent(s) and or guardian(s) of the student named below recognizes these risks but still wishes to allow his/her child/ward to travel to a destination outside the United States of America with a group of individuals associated with the Houston Independent School District (HISD);

NOW THEREFORE, the parent(s) or guardian(s), as consideration for the named student to participate in the trip, agrees as follows:

I, the undersigned, agree to assume the risk to my child/ward of his or her traveling to a destination outside the United States of America described in this Release of Liability (Release).

In consideration for my child/ward being permitted to participate in the trip to a destination outside the United States of America, I voluntarily execute this Release with the express intention of releasing the HISD, its trustees, agents and employees and the sponsors and chaperones for this designated trip from all obligations designated in this Release. I hereby expressly release and agree to hold harmless on my behalf, and on behalf of my child/ward, the HISD, its trustees, agents and employees and the sponsors and chaperones who participate in the described trip, from all claims or actions of whatsoever nature, in tort or in contract, which I or my child/ward ever had, now have, or may leave in the future against the HISD, its trustees, agents and employees and the chaperones and sponsors on the trip described, from any liability for injuries or damages which occur to my child/ward or to me as a result of his or her participation in this trip. I expressly waive all claims for medical expenses and wages to which I may otherwise be entitled, and I agree to indemnify and hold harmless the HISD, its trustees, agents and employees and the sponsors and chaperones from all claims made against it or them on behalf of my child/ward.

I agree that neither the HISD or its trustees, agents, employees or the sponsors or chaperones is liable for injuries or damages caused by my child/ward on this designated trip. I agree to indemnify and hold harmless the HISD, its trustees, agents and employees and the sponsors and result from my child/wards actions on the designated trip.

I recognize that the HISD has sovereign or governmental immunity under Texas law, and that its trustees, agents and employees and the sponsors and chaperones involved in this trip also have some degree of sovereign or governmental immunity under Texas law. I understand that by requiring the execution of this Release as consideration for my child/ward to participate in the designated trip, the HISD, its trustees, agents and employees and the sponsors and chaperones are not waiving any sovereign or governmental immunity which it or they have under Texas law.

Release of Liability (continued)

I, the undersigned, have read this Release and understand all of its terms. I have executed it voluntarily and with full knowledge of its significance.

This Release is executed on my behalf and on behalf of my child/ward \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This trip to destination outside of the United States of America to which this Release applies is the trip by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_to be taken to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on the dates of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_\_\_\_.

DATE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_\_\_\_ BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_\_\_\_ BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian

BEFORE ME, the undersigned authority personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

and, after being duly sworn, deposed and said that (he/she/they) signed this Release for the purpose and consideration state in the Release.

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_\_\_\_\_.

NOTARY PUBLIC in and for the State of TEXAS

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires:

*Form #: 40.4250*

**MEMORANDUM** January 26, 2017

**REVISED --- Sample**

TO: Esther Omogbehin, Chief School Officer

Southwest Area, Charters and Alternative Office

FROM: (Name), Principal

(School Name)

SUBJECT: **Preplanning Approval Request for Student Trip to Washington, DC**

CONTACT: (Name), (Title), (Telephone Number)

(School Name) requests preplanning approval for its 8th Grade Social Studies students to participate in Close Up Washington, January 19-23, 2015, in Washington, DC. The school has participated in the program for the previous two school years with great success. All 8th Grade Social Studies students will be informed that they are allowed to participate. However, it is estimated that only 30 students will participate. The trip encompasses four school days.

Close Up Washington is a 7-day, 6-night program that develops students' knowledge of basic concepts of government and citizenship. Students will gain greater understanding of the rights and responsibilities of citizens in a participatory democracy; learn how constituents, interest groups and party politics affect the legislative process; understand the impact of the Framers' views of limited government on the structure of government outlined in the Constitution; and explore diverse viewpoints concerning domestic and international policy questions facing Congress, the executive branch and the courts. Students will also see the city's monuments and memorials, explore the Smithsonian museums, and enjoy the cultural diversity of D.C.'s historic neighborhoods. The pinnacle of the week is Capitol Hill Day where students have the opportunity to spend time with their Senator(s), Representative, and/or staff.

The estimated cost of participation is $1,500 per student. Costs of student travel will be covered by activity funds through fund raisers and donations. Students and parent chaperones will not be charged for any portion of the field trip. Costs incurred by the trip sponsor and any accompanying faculty chaperones will be paid through general funds.

All policies and procedures governing student trips contained in Board Policy FMG (Regulation), Student Activities Travel, will be implemented and followed once approval is granted to begin planning.

The trip sponsor and point of contact for additional information is (Sponsors Name).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_XX

**Approved:**

**REVISED --- Sample**

SSO Name, School Support Officer Date

Southwest Area Schools Office

**Approved to proceed with planning and formal approval process:**

Jocelyn Mouton, Chief School Officer Date

Southwest Area, Charters & Alternative Office

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Richard A. Caranza Date

Superintendent of Schools

***IMPORTANT NOTE:*** Preplanning Approval Request memorandums should be addressed to Dr. Jocelyn Mouton, Chief School Officer. *However, trips outside of the United States require the Superintendent’s approval/signature; therefore, the Preplanning Approval Request memorandums for these types of trips should be addressed to Richard A. Carranza.* If you have any questions regarding the preplanning memorandum, please contact your SSO’s secretary.