



SCSD Field Trip Checklist

Complete Appropriate Field Trip Request (Day/Local or Out-of-Town/Overnight) Documents

Day/Local Field Trip Form-Form2

- Chaperone Background Checks
- Volunteers complete requirements
- Give nurse list of students going on Field Trip **2 days** in advance.

If Applicable:

- Private Transp. Consent (Form 5 or 6)
- Driver's Agreement (Form 7)

Out-of-Town/Overnight Field Trip Form-Form3

- FBI Chaperone Background Checks
- Volunteers complete requirements
- Agenda/Itinerary submitted with Field Trip Request
- Hotel Contact Information
- Chaperone Contact Information (cell#) while on trip
- List of Attendees
- Waiver, Release and agreement to indemnify and hold harmless (Form 8)
- Give nurse list of students going on field trip **2 days** in advance.

If Applicable:

- Private Transportation Consent (Form 5 or 6)
- Driver's Agreement (Form 7)

Non-School Sponsored Trip/Event:

- Statement of Non-School Sponsorship (Form 9)

- Submit to Principal's Secretary for Principal's Approval
- For use of District buses, complete TripDirect form and submit to Principal
- Principal Approval for Trip
- Submit paperwork to Curriculum & Instruction (attn: Alex Staude via email) and send originals via inter-office
- After trip approved by Curriculum & Instruction, send Parent Consent Form home with students (**Form 4**)
- Prepare an attendee list for use on trip (Please send Alex Staude a complete list of Parent/Guardian volunteers).
- If applicable, notify the cafeteria of how many students will be away during lunch (2 weeks in advance for number of sack lunches needed).
- Arrange for staff member to stay behind to supervise students not going on the trip.
- Students staying should go through their normal daily schedule.
- Leave detailed lesson plans for the team member to work with the students.
- SPED teachers contacted

Day of the Trip:

- Take attendance and submit final list of students present for field trip to school office prior to departure.
- Take a copy of the Field Trip Consent/Emergency Medical Info form (Form 4) on the bus for the trip.
- Take a first aid kit (obtain from the school nurse).

THIS CHECKLIST MUST BE TURNED IN WITH THE BUS ATTENDANCE BEFORE LEAVING THE BUILDING.

List all chaperones and cell #'s

Sponsoring Teacher Signature/Cell#



City of St. Charles School District
REQUEST FOR APPROVAL FOR FIELD TRIP/EXCURSION
LOCAL / DAY TRAVEL ONLY

Date Requested Date Submitted Date Received C&I
School: _____ Class: _____ No. of Participants _____
Date of Field Trip: _____ Destination: _____
Time of Departure: _____ Time of Return: _____
Description of Field Trip and Intended Learning Objectives: _____

Alignment of Field Trip Objectives to District Curriculum / State Standards / GLEs : _____

Method of Transportation:
District Vehicle/Bus Chartered Vehicle/Bus
Private Vehicle Walk Other _____

If a private vehicle is used for transportation then the Private Transportation Consent Form will be completed by the parents/guardians for each student and will be kept on file in the school office. Yes ___ No ___

Method of Financing Transportation: _____ Account Number: _____

Names of All Chaperones (Please indicate by asterisk any chaperones not currently employed by the District.) _____

If chaperones will be attending children without a district employee, have they completed a FBI fingerprint background Check? Yes ___ No ___

If non-employee chaperones will always have an FBI fingerprinted chaperone present, do they have a completed CD Central Registry Child Abuse Search Only (no charge) form on file? Yes ___ No ___

Have all non-District chaperones (volunteers) completed the mandatory training (Smarter Adult/Safer Child)? Yes ___ No ___

Will the parent of each student receive a written description of the trip? Yes ___ No ___

Will the parent's consent be obtained for each student? Yes ___ No ___

Will the Emergency Medical Information be on hand for each student? Yes ___ No ___

Will a First Aid Kit be available for emergency? Yes ___ No ___

Trip Sponsor (please print): _____ Sponsor Cell#: _____ Date TripDirect submission: _____

Signature of Sponsor of Trip Date Approval of School Principal Date

This form must be submitted to the Curriculum Office two (2) weeks (14 days) prior to the date of field trip for local travel. It is understood that any arrangements made before receiving the Superintendent's approval shall be considered as temporary and shall be considered final only after official approval has been given by the Superintendent.

The Board of Education, through its official representative as signed below (___GRANTS, ___DENIES) permission for the group named above to make a field trip in accordance with official Board policy, Field Trips and Excursions, IICA-R.

Associate Superintendent of Curriculum and Instruction Date



City of St. Charles School District
REQUEST FOR APPROVAL FOR FIELD TRIP/EXCURSION
OUT OF AREA / OVER NIGHT

Date Requested

Date Submitted

Date Received C&I

School: _____ Class: _____ No. of Participants _____

Date(s) Field Trip: _____ Destination: _____

Time of Departure: _____ Time of Return: _____

Description of Field Trip and Intended Learning Objectives: _____

Alignment of Field Trip Objectives to District Curriculum / State Standards / GLEs : _____

Method of Transportation:

- Private Vehicle, District Vehicle/Bus, Chartered Vehicle/Bus, Walk, Other

If private vehicle is used for transportation then the Private Transportation Consent Form will be completed by the parents/guardians for each student and will be kept on file in the school office.

Method of Financing Transportation: _____ Account Number: _____

Names of ALL Chaperones (Please indicate with asterisk any chaperone not currently employed by the District): _____

Have all non-employee chaperones completed a FBI fingerprint background check? Yes ___ No ___

Have all non-District chaperones (volunteers) completed the mandatory training (Smarter Adult/Safer Child)? Yes ___ No ___

Will the parent of each student receive a written description of the trip? Yes ___ No ___

Will the parent's consent be obtained for each student? Yes ___ No ___

Will the Emergency Medical Information be on hand for each student? Yes ___ No ___

Will a First Aid Kit be available for emergency? Yes ___ No ___

An itinerary for the travel is attached, including: attendee list, hotel contact info, Lodging/transportation info, and Cell phone numbers for all chaperones Yes ___ No ___

Trip Sponsor (please print): _____ Sponsor Cell#: _____ Date TripDirect submitted: _____

Signature of Sponsor of Trip Date Approval of School Principal Date

This form must be submitted to the Curriculum Office two (2) weeks (14 days) prior to the date of field trip for local travel, four (4) weeks prior to the date for out of area / overnight travel, and six (6) weeks prior to the date for out of country travel. It is understood that any arrangements made before receiving the Superintendent's approval shall be considered as temporary and shall be considered final only after official approval has been given by the Superintendent.

The Board of Education, through its official representative as signed below (___ GRANTS, ___ DENIES) permission for the group named above to make a field trip in accordance with official Board policy, Field Trips and Excursions, IICA-R.

Associate Superintendent of Curriculum and Instruction Date



St. Charles City School District Field Trip Consent Form

Field Trip Information

Date of Field Trip: _____

School _____

Class/Club _____

Name of Student _____

Destination: _____

Time Leaving School _____ Time Returning to School _____

Description of Activities: _____

Method of Transportation: _____ # of Chaperones _____

*Cost per student (including transportation) _____ Are students are expected to bring additional money for meals?: __Yes __No

**Students are expected to pay for their field trip cost.*

Medical Consent

Name of parent/guardian _____ Relationship to student _____

Contact#’s: Mother (Home): _____ (Cell): _____ Work: _____ Ext/Dept: _____

Father (Home): _____ (Cell): _____ Work: _____ Ext/Dept: _____

Legal Guardian(Home): _____ (Cell): _____ Work: _____ Ext/Dept: _____

Student Date of Birth: _____ Age: _____ Phone # _____ Lives with: _____

Home Address: _____

Health Insurance Company _____ Policy # _____

Physician’s Name _____ Physician’s phone # _____

Known Allergies(Latex, food, Environmental, Medications): _____

Medical conditions (i.e. Asthma, Diabetes, etc.):

Medication(s) student is currently taking (daily):

My child, _____, has my permission to participate in the above mentioned field trip/activity, as more fully described by the information attached hereto. I understand and acknowledge that the City of St. Charles School District will have no financial or legal responsibility for injuries arising out of participation in such activity.

I further acknowledge that compliance with the specific rules and requirements established for this activity, as well as the requirements of the Student Code of Conduct are expected at all times, and that failure to comply with such rules and requirements may result in discipline, up to and including possible dismissal from the above mentioned activity which may result in parent pick up if discipline occurs. I further acknowledge that inappropriate conduct while participating in this activity may result in additional discipline under Board of Education Policy, as such Policy applies to both in-school and out-of-school misconduct.

By signing this form, I hereby release the District, as well as its directors, officers, administrators, employees, and other agents from all liability for any and all injuries arising out of this field trip/activity. I further agree to indemnify and hold harmless the District, as well as its directors, officers, administrators, employees, and other agents, against any claims asserted by my child as a result of his or her participation in this field trip/activity.

Parent or guardian signature

Student Signature

Date

Date



PRIVATE TRANSPORTATION CONSENT FORM (Provided by coaches, activity sponsors, or other District employees)

Dear Parent or Guardian, and Student,

At times it may be appropriate for coaches or activity sponsors to transport students to and from certain school-sponsored activities by private transportation. Such activities may include field trips, athletic events, speech or music contests, and other activities that involve travel from and/or return to the school. When private transportation is provided by coaches or activity sponsors for such activities, the student and the student’s parent or guardian must sign and submit this Private Transportation Consent Form. The form will be used only when the school has a direct role in organizing private transportation to and from a school-sponsored activity. A form is not required for private travel to and from school activities when the school district has no role in organizing the private transportation, and the school district shall not be liable for injuries arising out of such private transportation.

Name of Activity: _____
Location of Activity: _____
Date(s) of Activity: _____
Name of Sponsor/Driver: _____

~~~~~  
My student, \_\_\_\_\_, has my permission to travel from school property (or other location) to this activity, as a passenger in a private automobile driven by the coach or activity sponsor identified above. I understand and acknowledge that the City of St. Charles R-VI School District will have no financial or legal responsibility for injuries arising out of such travel. I understand that the District is making no representations regarding and is not responsible for the fitness of the driver or other passengers, or the existence of insurance.

By signing this form, I hereby release the District, as well as its directors, officers, administrators, employees, and other agents from all liability for any and all injuries arising from my student’s travel to this activity as a passenger in private transportation provided by the coach or activity sponsor. I further agree to indemnify and hold harmless the District, as well as its directors, officers, administrators, employees, and other agents, against any claims asserted by my student as a result of his or her travel to this activity in private transportation provided by a coach or activity sponsor.

**Must be signed by parent or guardian regardless of student’s age unless student is emancipated, as declared by court order or other operation of law.**

\_\_\_\_\_  
**Parent or Guardian**  
\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian**  
\_\_\_\_\_  
**Date**

**To Be Signed by Student (regardless of age):**

I acknowledge that the District will have no financial or legal responsibility for injuries arising out of my travel from school (or other location) to this activity. I further acknowledge that if I engage in inappropriate conduct at any time during my travel to and from, attendance at, and/or direct participation in this activity, I will be subject to discipline under all applicable District policies and/or codes of conduct.

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Date**



**PRIVATE TRANSPORTATION CONSENT FORM**  
**(Provided by students, parent, or other non-employees of the District)**

Dear Parent or Guardian, and Student,

At times it may be appropriate to transport students to and from certain school-sponsored activities by private transportation. Such activities may include field trips, athletic events, speech or music contests, and other activities that involve travel from and/or return to the school. When private transportation is used for such activities, the student and the student's parent or guardian must sign and submit this Private Transportation Consent Form. The form will be used only when the school has a direct role in organizing private transportation to and from a school-sponsored activity. A form is not required for private travel to and from school activities when the school district has no role in organizing the private transportation, and the school district shall not be liable for injuries arising out of such private transportation.

**Name of Activity:** \_\_\_\_\_  
**Location of Activity:** \_\_\_\_\_  
**Date(s) of Activity:** \_\_\_\_\_  
**Name of Sponsor:** \_\_\_\_\_

**RETURN THIS FORM TO THE SCHOOL BY: (DATE)** \_\_\_\_\_

~~~~~  
My child, _____, has my permission to travel from school property (or other location) to this activity by private transportation, either as the driver or as a passenger in a private automobile driven by another student, parent, or other person. I understand and acknowledge that the City of St. Charles R-VI School District will have no financial or legal responsibility for injuries arising out of such travel. I understand that the District is making no representations regarding and is not responsible for the fitness of drivers or passengers, or the existence of insurance.

By signing this form, I hereby release the District, as well as its directors, officers, administrators, employees, and other agents from all liability for any and all injuries arising from my child's travel to this activity by private transportation. I further agree to indemnify and hold harmless the District, as well as its directors, officers, administrators, employees, and other agents, against any claims asserted by my child as a result of his or her travel to this activity by private transportation.

Must be signed by parent or guardian regardless of student's age unless student is emancipated, as declared by court order or other operation of law.

Parent or Guardian

Date

Parent or Guardian

Date

To Be Signed by Student (regardless of age):

I acknowledge that the District will have no financial or legal responsibility for injuries arising out of my travel from school (or other location) to this activity. I further acknowledge that I have a responsibility to travel directly from school (or other location) to the activity and that failure to report to this activity on time may result in discipline, up to and including possible dismissal from this activity. I further acknowledge that inappropriate conduct during travel to this activity may result in such discipline with respect to participation in the activity, as well as additional discipline under Board of Education Policy, as such Policy applies to out-of-school misconduct.

Student

Date



Field Trip Private Transportation Driver's Agreement

Driver: _____

Date: _____

I, _____, certify that I have a current, valid driver's license and have proof of current car insurance on file with the school office.

I understand that if I choose to conduct this transport that my automobile insurance will be considered "primary" and the schools insurance will only pay as a "secondary" to any claims as a result of any accident.

I certify that I have not been charged or convicted of Driving under the Influence (DUI or DWI).

I also certify that I am not taking any prescription medication that would impair my driving ability, nor will I be driving under the influence of alcohol or any other drugs while transporting any students to or from the St. Charles R-6 School District.

I have not been charged with or convicted of a crime that would require me to register on the sex offender data base.

Field Trip/Activity: _____

Location of Activity: _____

Date of Trip: _____

Print Name: _____ Driver's License #: _____

Make & Model of Car: _____ License Plate #: _____

Driver's Cell Phone Number (in the event of emergency): _____

Signature of Driver

**PLEASE SEND THIS PAGE AND A COPY OF A VALID
DRIVER'S LICENSE AND A COPY OF PROOF OF
CURRENT CAR INSURANCE TO ALEX STAUDE AT
CENTRAL OFFICE**



WAIVER, RELEASE AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS

The undersigned hereby acknowledges that the City of St. Charles School District does not carry medical pay coverage for its premises or vehicles. The undersigned further acknowledges that the activity listed herein may result in person injuries to the participants. The undersigned further acknowledges the activity is outside the direct supervision of the City of St. Charles School District. Accordingly, the undersigned hereby assumes the risk of any injuries resulting from the activity listed herein.

In consideration of _____

(Participation and extra-curricular activities, sporting events, clubs, field trips), by

_____ (name of student, participant),
the undersigned hereby releases from any legal liability the City of St. Charles School District, its administrators, board members, teachers, employees, volunteers and agents from any and all liability for damage, injury or death, or any claim based upon negligence on the part of the City of St. Charles School District or any of its board members, administrators, teachers, employees, volunteers or agents arising out of or related to the participation mentioned above.

In the event any person not a party to this agreement, make any claim or file any lawsuit against the City of St. Charles School District, board members, administrators, teachers, employees or agents relating to the participation mentioned above, the undersigned agrees to indemnify (that is, reimburse if necessary), defend and hold harmless the City of St. Charles School District, board members, administrators, teachers, employees and agents, from any and all such claims and lawsuits, including the payment of all damages, expenses, costs and attorney's fees.

Parent/Guardian Signature

Date



STATEMENT OF NON-SCHOOL SPONSORSHIP

I acknowledge that my child will be attending a trip to _____ sponsored by _____ [name of teacher], beginning on _____, and ending on _____. I realize that _____ [name of teacher] is a teacher employed by the City of St. Charles School District. However, I understand and acknowledge that this trip is sponsored by _____ [name of teacher], through a private travel organization, and **not** by the City of St. Charles School District. Thus, my son/daughter’s participation in this trip is not sponsored, endorsed, approved, or authorized by the School District; nor does the School District exercise any supervision over, or any responsibility for, any aspect of this trip. Accordingly, I recognize and acknowledge that the City of St. Charles School District has no legal or financial responsibility, in any manner whatsoever, for this trip or for any harm, injury, or other loss that may arise as the result of my child’s participation in this trip.

I UNDERSTAND AND AGREE TO THE ABOVE-REFERENCED TERMS:

Print or type student’s name

Parent/Legal Guardian’s signature

Student’s signature

ACKNOWLEDGMENT

State of: MISSOURI

County of: _____

On this _____ day of _____ in the year, _____, before me, _____, a Notary Public in and for said state, personally appeared, _____, known to me to be the person who executed the within _____, and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public (Signature)