

SAN DIEGO UNIFIED SCHOOL DISTRICT
Office of the Superintendent

**FIELD TRIP PLANNING PACKET
MULTI-DAY AND/OR OUT-OF-STATE/COUNTRY**

**FIELD TRIP
PLANNING PACKET**



MULTI-DAY

District Procedure No. 4587

The following forms may be found on the district web site under district staff, form, field trip forms and must be submitted to obtain approval:

1. Directions for Completing Field Trip Packet, Multi-Day and/or Out-of-State/Country Field Trip
2. Application for Approval to Conduct Multi-Day and/or Out-of-State/Country Field Trip
3. Compliance Form For Sellers of Educational Travel
4. Site-Approval Checklist: Multi-Day and/or Out-of-State/Country Field Trips
5. Principal's Checklist: Multi-Day and/or Out-of-State/Country Field Trips
6. Statement of Acknowledgment and Consent to Conditions of Trip
(Adult not an employee of or student in the San Diego Unified School District)

7. Statement of Acknowledgment and Consent to Conditions of Trip
(Employee of the San Diego Unified School District)
8. Field Trip Conflict of Interest Disclosure Form
9. Authorization for Student Participation: Multi-Day Field Trip or Activity
10. Sample Medical Form
11. Volunteer Code of Conduct
12. School Volunteer Application (3 part NCR form) for additional forms contact
Community Relations Department

Related Procedures

Approved carriers, instructions, and rates/ordering transportation No. 4586

Community Concourse tours No. 4588

Employee liability No. 7180

Field trips, single-day within state No. 4585

Fundraising No. 2265 and No. 9325

School Volunteer Programs No.4595

**DIRECTIONS FOR COMPLETING FIELD TRIP PACKET
MULTI-DAY AND/OR OUT-OF STATE/COUNTRY***

1. Field trip coordinator completes and signs "Application for Approval to Conduct Multi-Day and/or Out-of-State/Country Field Trip" and submits to the principal for approval **at least three months before departure date.** *Please note that trip may not take place during testing.*
2. Principal approves and signs "Application for Approval to Conduct Multi-Day and/or Out-of-State/Country Field Trip" and submits along with Compliance Form (if using a travel agency) and Principal's Checklist (**when submitting packet for district or board approval**) to your Area Superintendent (Elementary and Middle Schools) located at various school sites. For High Schools please submit to Assistant Superintendent or Office of Secondary School Innovation depending on your school site located at the Eugene Brucker Education Center **at least three months before departure date** with required attachments. The multi-day field trips within California are submitted to and

approved by the Area Superintendents, Assistant Superintendent and Office of Secondary School Innovation depending on your school site. All other Multi-Day **out of State/Country Field Trips need Board Approval**. After the packet has been approved by your Area Superintendents, Assistant Superintendent and Office of Secondary School Innovation, depending on your school site, the copies of the prepared Board packets remain with your Area Superintendents, Assistant Superintendent and Office of Secondary School Innovation, depending on your school site and the originals stay with the school sites for (3) years, plus current year. Please make (1) copy of the approved application and a copy of the compliance form and send to the Office of the Superintendent for Board submittal.

3. Field trip sponsor coordinator completes "Site Approval Checklist" for multi-day and/or out-of-state/country field trip.
4. Principal completes "Principal's Checklist".
5. All district employees going on the field trip complete "Statement of Acknowledgment and Consent to Conditions of Trip (District Employee).
6. All adults who are not employees of the district complete "Statement of Acknowledgment and Consent to Conditions of Trip (Adult, Not District Employee)."
7. All district employees complete "Field Trip Conflict of Interest Disclosure Form," if applicable.
8. Field trip coordinator includes a copy of the authorization for student participation form that is sent home for parent signature (sample included in the packet).
9. **Within two weeks of trip completion** send copy of Consent to Conditions of Trip (Adult & Employee, Conflict of Interest (if applicable), a sample copy of **one** Student Participation Form, a sample copy of **one** Student Medical Form and copy of **All** Volunteer Applications (**marked with Board Approval Date**) to your Area Superintendents, Assistant Superintendent and Office of Secondary School Innovation, depending on your school site.

* For specific details, see District Procedure No. 4587.

SAN DIEGO UNIFIED SCHOOL DISTRICT
Office of the Superintendent

APPLICATION FOR APPROVAL TO CONDUCT
MULTI-DAY AND/OR OUT-OF-STATE/COUNTRY FIELD TRIP
(AT LEAST THREE MONTHS BEFORE DEPARTURE DATE)

To: Board of Education

Date: _____

The undersigned for _____ School hereby apply for approval to conduct a field trip to _____

| | |
|--|---|
| <p>1. Inclusive dates of trip: NOT DURING TESTING _____ () Itinerary attached Principal's Initials</p> | <p>2. Purpose of trip: () Paragraph attached describing educational value and specific activities students will be required to complete</p> |
| <p>3. a. Membership of Group: (e.g., U.S. History class, choral group)</p> | <p>3. b. Number of Students Attending: _____ Boys: _____ Girls _____ Ethnicity:</p> |
| <p>4. a. Cost of trip financed by: 4. b. Name of travel agency contracted for trip: () Compliance form attached.</p> | <p>4. c. Describe fund-raising activities, if any: Attachment, if any</p> |
| <p>5. a. Name of certificated employee(s) in charge of trip: (Responsible for coordinating fundraising and organization of the trip and its conduct while students are outside of the limits of the SDUSD.)</p> | <p>5. b. *Names of certificated staff members who will provide supervision of students: (*) Travel expensed will be paid by themselves.</p> |

This application, together with the necessary documents, must be sent to the Area Superintendent, Assistant Superintendent, or Executive Director for your location.

The undersigned applying for approval of the field trip will make every effort to ensure conformance with all requirements of the San Diego Unified School District procedure for the conduct of field trips out-of-state, to foreign countries and/or involving multiple days.

(Trip Coordinator's Signature) (Date)

Send Notify of Approval to: Name and E-mail, Phone# or Fax #

Endorsed with Approval:

(Principal's Signature) (Date)

Endorsed with Approval:

(Office of the Superintendent) (Date)

BOARD APPROVAL DATE: _____

**SAN DIEGO UNIFIED SCHOOL DISTRICT
COMPLIANCE FORM FOR SELLERS OF EDUCATIONAL TRAVEL**

Information required by SB 142 is to be completed by travel organizations which offer educational travel programs to California students.

REQUIRED SECTIONS REFER TO THE BUSINESS AND PROFESSIONAL CODE

SCHOOL: _____

DESTINATION: _____ DATES: _____

_____ Compliance 1 . Is the proposed student trip educational in nature? Yes/No _____
17552(c)

_____ Compliance 2. Company Name: _____

Address: _____

Phone Number: _____

24-Hour Emergency Phone Number: _____
17554(a)

_____ Compliance 3. List Services:
17554(b)
(Fill in or attach detailed application form)

Total cost per student for services listed below \$ _____

Transportation: _____

Lodging: _____

Meals (which meals are offered) _____

Educational leader (Yes/ No) Hours per day: _____

Travel organization's office nearest tour site: _____

_____ Compliance 4. Insurance Resume:
17554(b)1

| Type | Coverage \$ Per Incident | \$ Total |
|---------|--------------------------|-------------------|
| _____ | _____ | _____ |
| Insurer | Policy # | Verify Name/Phone |
| _____ | _____ | _____ |
| Type | Coverage \$ Per Incident | Coverage \$ Total |
| _____ | _____ | _____ |
| Insurer | Policy # | Verify Name/Phone |
| _____ | _____ | _____ |
| Type | Coverage \$ Per Incident | Coverage \$ Total |
| _____ | _____ | _____ |

| | | |
|---------|--------------------------|-------------------|
| Insurer | Policy # | Verify Name/Phone |
| _____ | _____ | _____ |
| Type | Coverage \$ Per Incident | Coverage \$ Total |
| _____ | _____ | _____ |

Consumer Protection Deposit Plan

| | | |
|---------|----------|-------------------|
| Insurer | Policy # | Verify Name/Phone |
| _____ | _____ | _____ |

Optional extra cost insurance: _____

Optional insurance cost per student \$: _____

_____ 5. Describe any additional or optional trip costs: _____
Compliance 17554(b)2

_____ 6. Tour leader qualifications and training: _____
Compliance 17554(b)3

_____ 7. Describe educational components of travel program including projected outcomes: (Measurable
Compliance objectives, hands-on activities, skill development, etc.)
17554(c)

Attach copy of relevant educational materials. (program specific curriculum correlation with state framework. classroom supplements, etc.)

_____ 8. How many times has the travel organization conducted this (or substantially similar) educational
Compliance compliance programs?
17554(d)

| Trip Name | Annual # of Groups | Annual # of Students | Annual # of Travel Days | Number of years offered |
|-----------|-----------------------|-------------------------|----------------------------|----------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

_____ 9. Length of time organization has conducted educational travel programs: _____
Compliance 17554(e)

_____ 10. Name(s) of owner(s) and principals of student travel organization:
Compliance

| | |
|-------|----------|
| Name | Position |
| _____ | _____ |
| _____ | _____ |

Compliance

11. Has any owner or principal of the organization had entered against him or her any judgment, including stipulated judgment, order, lien, has entered a plea of nolo contendere, or been convicted of any criminal violation, in connection with the sale of any travel services from a period of 10 years predating the contract. 17555(g)

For purposes of this section owner"means a person or organization who owns or controls 10 percent or more of the quality of, or otherwise has claim to 10 percent or more of the net income of the educational travel organization: and "principal" means an owner, an owner, an officer of a corporation, a general partner of a partnership, or a sole proprietor of a proprietorship. 17554(g)

Name of defendant:_____

Court or administrative agency rendering judgment order:_____

Docket Number:_____ Date of judgment order:_____

Nature of judgment, order, or plea:

12. How many full time employees does the organization have?_____

13. How many office locations does the organization have?_____

Where are the locations?_____

14. Does the organization provide classroom support materials?_____

Describe:_____

15. Does the organization provide a format for post trip evaluation?:_____

16. Are any of the principals of the organization credential and/or experienced teachers? Explain.

17. Financial stability:

A. List bank(s), references, including persons name and phone number:

B. Dunn and Bradstreet file number: _____

C. Has the organization or any principal filed corporate or personal bankruptcy during the preceding 10 year? If yes, please explain on a separate sheet. Yes / No _____

18. List of 10 references (with phone numbers) of educators who have experienced the organization's services.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

19. Travel associations to which organization currently belongs:

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

20. Educational associations to which organization currently belongs:

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

21. Does travel organization currently hold an appointment from ARC? Yes / No _____

ARC/IATAN No. _____

If no, which agency will provide travel agency?

Agency name: _____

Owner: _____ ARC/IATAN No. _____

Phone No. _____

22. Has the travel organization complied with the consumer protection requirements of California's Seller of Travel law? Yes / No _____

23. **FULL DISCLOSURE: 17555** In addition to other requirements and prohibitions of this article, it is a violation of this article for an educational travel organization to place or use any misleading or untruthful advertising or statement or make a substantial misrepresentation in

conducting an educational travel program.

24. **PENALTIES: 17556.5** Except as otherwise provided, a person who violates a provision of this article is guilty of a misdemeanor, which offense is punishable by a fine not exceeding one thousand dollars (\$1,000), or by imprisonment in a county jail for not more than one year, or by both that fine and imprisonment. In addition, upon a conviction of a violation of this article, the court may issue an injunction and prohibit the convicted person from acting as an educational travel organization in this state, in which case the Court shall inform the Attorney General of that action.

Reference: California Business And Professions Code Chapter 1

VERIFICATION

A duly authorized officer of the owning corporation, partnership, or trust must sign and date this verification, and fill in the city and state where signed.

I declare that all of the information provided herein, including attachments to this Application to provide Travel Services, is true and correct.

Signature: _____ Date: _____

Position: _____ Signed at: _____

City and State

SAN DIEGO UNIFIED SCHOOL DISTRICT
Office of the Superintendent

SITE APPROVAL CHECKLIST FOR MULTI-DAY
AND/OR OUT-OF-STATE/COUNTRY FIELD TRIPS

School: _____ Dates of Trip: _____

Trip Destination: _____

To be completed by certificated staff member in charge of the field trip.

Date
Completed

Initials

**AT LEAST THREE MONTHS PRIOR TO TRIP (SIX MONTHS or more if
fundraising is involved)**

1. Secure principal's tentative approval to conduct field trip (and approval to conduct fundraising, if applicable). **Send form "Application for Approval to Conduct Multi-Day and/or Out-of-State/Country Field Trip"** to your Area Superintendent (Elementary and Middle Schools) located at various school sites. For High Schools please submit to Assistant Superintendent or Office of Secondary School Innovation depending on your school site located at the Eugene Brucker Education Center **requesting permission to conduct field trip.** (Sign off *Nos. 1 and 2 on principal's checklist.*)

2. Review procedure for fund raising and develop plan to include: a) description of fundraising activities, b) plans to assist students who are unable to pay their own expenses, and c) a written statement that no student will be excluded from a required trip due to lack of funds, and that d) funds will be returned if not used for the trip. (See Procedure Nos. 2265 and 9325). **Attach list of fund-raising activities as Attachment 1.** *Complete Nos. 3 and 4 on principal's checklist.*

3. Select the travel agency to be used (if appropriate). Have travel agency complete "Compliant Form for Sellers of Educational Travel" and forward to your Area Superintendent (Elementary and Middle Schools) located at various school sites. For High Schools please submit to Assistant Superintendent or Office of Secondary School Innovation depending on your school site located at the Eugene Brucker Education Center *(Needed for Board approval)*

4. Obtain and submit copy of itinerary. This itinerary shall include a) dates (**not during testing**), b) locations [city, state, country] and c) accommodations. **Attach itinerary as Attachment 2.** *(Needed for board approval)*

FOUR TO SIX WEEKS PRIOR TO TRIP

5. Arrange for certificated supervisors. If substitute is required, complete "Request for Absence on District Business," and submit to principal for approval and submission to funding office for approval.

6. Arrange for parent chaperones, if appropriate. Have chaperones/volunteer's complete volunteer application. Provide list to principal and secure his/her approval. (Sign off *No. 5 on principal's checklist.*)

TWO TO FOUR WEEKS PRIOR TO TRIP

7. If academic competition is involved, submit to principal for approval: a) Written criteria and guidelines used to select participants in academic competitions, and b) Copies of written communications used to inform parents and students of the academic competition and of the governing guidelines. (Sign off *No. 6 on principal's checklist.*)

- _____ 8. Send home request for parental approval of student participation. If parent does not sign student cannot go. **Attach copy of form as Attachment 3.**
- _____ 9. Verify that attempts were made to recruit students from all ethnic groups to participate. *(Sign off No. 7 on principal's checklist.)*
- _____ 10. Verify insurance coverage to provide personal accident insurance for participating students where required. **Attach evidence of coverage as Attachment 4.** *(Sign off No. 8 on principal's checklist.)*
- _____ 11. Secure trip cancellation insurance from travel agency where required. **Attach evidence of coverage as Attachment 5.** *(Sign off No. 8 on principal's checklist.)*
- _____ 12. Notify parents of other insurance coverage available as an option.
- _____ 13. Provide written evidence of financial ability to cover travel and living expenses for all participants while outside of San Diego. *(Sign off No. 9 on principal's checklist.)*
- _____ 14. Develop orientation plan for students, parents, and chaperones.
- _____ 15. Verify that instructors and voluntary supervisors will contribute their time without pay or reimbursement during the trip and will waive all claims against the district by securing their signatures on appropriate forms. Complete form(s). *(Sign off No. 10 on principal's checklist.)*

ONE TO TWO WEEKS PRIOR TO FIELD TRIP

- _____ 16. Verify that permission forms and waivers are returned for all students participating in field trip. Verify alternate arrangements at school for those students not participating. *(Sign off No. 11 on principal's checklist.)*
- _____ 17. Arrange for participating students to be excused from other classes.
- _____ 18. Arrange for first-aid kit and/or snake-bite kit, and ensure they are taken on trip.
- _____ 19. Spot check reservations to verify that arrangements are in order.
- _____ 20. Principal, vice principal, ASB advisor, and teachers sponsoring or participating in tours or trips paid by students **complete the "Field Trip Conflict of Interest Disclosure Form"** enclosed in packet. *(Sign off No. 12 on principal's checklist.)*

ONE WEEK PRIOR TO FIELD TRIP

- _____ 21. Report to secretary or principal's designee the names of all persons (**adults and students**) who will actually go on the trip. Provide list of students to verify those actually participating prior to departure.
- _____ 22. File this form with other required papers in school office. (Records must be kept for three years.)

WITHIN TWO WEEKS FOLLOWING TRIP COMPLETION

- _____ 23. Conduct evaluation of field trip and share results with principal.
- _____ 24. Forward all backup paperwork, (**all remaining documents not required at time of Board Approval**) to your Area Superintendent (Elementary and Middle Schools) located at various school sites. For High Schools please submit to Assistant Superintendent or Office of Secondary School Innovation depending on your school site located at the Eugene Brucker Education Center.

SAN DIEGO UNIFIED SCHOOL DISTRICT

Office of the Superintendent

PRINCIPAL'S CHECKLIST
MULTI-DAY AND/OR OUT-OF-STATE/COUNTRY FIELD TRIPS

| | | |
|---|--|---|
| <p>1. Approval for Field Trip: I have reviewed the plan for the field trip to _____ on _____ (not during testing) and I give tentative approval for the students to participate.</p> | <p>_____ Principal's Signature</p> | <p>_____ Date</p> |
| <p>2. Approval for Field Trip Fund-Raising: I have reviewed the plan for fund-raising for this field trip and give my approval for fund-raising activities to begin.</p> | <p>_____ Principal's Signature</p> | <p>_____ Date</p> |
| <p>3. Lack of Funds: To help students in need of funds, the following actions are being taken: _____ _____ _____</p> | <p>_____ Principal's Signature</p> | <p>_____ Date</p> |
| <p>4. Return of Funds: Any funds not used for the trip will be returned in the following way: _____ _____ _____</p> | <p>_____ Principal's Signature</p> | <p>_____ Date</p> |
| <p>5. Chaperones: An approved list of chaperones is on file in the main office of the school.</p> | <p>_____ Coordinator's Signature</p> | <p>_____ Date</p> |
| <p>6. Academic Competition Trips Only: I certify that written criteria and guidelines for selecting participants along with copies of all written communication to parents and students related to the competition are on file in the main office of the school.</p> | <p>_____ Principal's Signature</p> | <p>_____ Date</p> |
| <p>7. Representation: I certify that under my leadership, the school has made a concerted effort to include representation from all ethnic groups of students.</p> | <p>_____ Principal's Signature</p> | <p>_____ Date</p> |
| <p>8. Insurance: I certify that each and every student participating in the field trip has personal accident insurance and trip cancellation insurance where required by Procedure No. 4587, C.4.e.(4) and C.6.a. and b.</p> | <p>_____ Principal's Signature</p> | <p>_____ Date</p> |
| <p>9. Travel and Living Expenses: Provision has been made for coverage of all expenses while outside of San Diego. This includes plane fares, ground transportation, hotels, tours, and meals. Written evidence of this coverage is on file in the main office of the school.</p> | <p>_____ Principal's Signature</p> | <p>_____ Date</p> |
| <p>10. Contribution of Services: the following written agreement between the principal and certificated personnel, classified personnel, and voluntary supervisors stipulates that they will contribute their services and time outside of the regular school day without pay or reimbursement of expenses except for regular salary when supervising participating students and will waive all claims against the district. Executed this date by: <i>Statement of Acknowledgment and Consent to Conditions of Trip</i> are on file at the following location at the school site: File title, if appropriate: _____</p> | <p>_____ Principal's Signature</p> <p>_____ Staff Member's Signature</p> | <p>_____ Date</p> <p>_____ Date</p> |

| | | |
|--|---|---|
| <p>11. Releases: I certify that for each and every student participating in the field trip there is a <i>Permission to Participate, Notification of Insurance, Waiver of Claims, and other Release Forms</i> on file in the main office of the school.</p> <p>File title, if appropriate: _____</p> | <p>_____ Coordinator's Signature</p> <p>_____ Principal's Signature</p> | <p>_____ Date</p> <p>_____ Date</p> |
| <p>12. Disclosure Statement: Principal, vice principal, ASB advisor, and teachers participating in tours for field trips paid by students have completed a <i>Field Trip Conflict of Interest Disclosure</i> form.</p> | <p>_____ Principal's Signature</p> | <p>_____ Date</p> |
| <p>13. Forward this form with other necessary papers to your Area Superintendent (Elementary and Middle Schools) located at various school sites. For High Schools please submit to Assistant Superintendent or Office of Secondary School Innovation depending on your school site located at the Eugene Brucker Education Center.</p> | <p>_____ Principal's Signature</p> | <p>_____ Date</p> |

SAN DIEGO UNIFIED SCHOOL DISTRICT
Office of the Superintendent

STATEMENT OF ACKNOWLEDGMENT AND CONSENT
TO CONDITIONS OF TRIP

(Adult, not an Employee or Student in the District)

I, _____, am the _____
(name of adult) (indicate relationship to student, e.g., parent or other relative)

of _____, a student enrolled at _____
(name of student) (name of school)

a public school operated by the San Diego Unified School District.

I understand that a group identified as _____
(describe group)

enrolled at the following schools(s): _____

has been offered the opportunity to participate in a field trip to _____,

and that I have been asked to accompany these students on their trip during the period from

_____ to _____.

I understand that my participation in the aforementioned program, including the field trip, is voluntary. I agree to pay all expenses for my participation in the field trip including, but not limited to, the cost of airfare and such insurance as may be required by the San Diego Unified School District.

I am aware of the provisions of Education Code Section 35330, which states in part that "... All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion..."

I have read and understand the foregoing statement and sign it below voluntarily.

Executed in the City of San Diego, County of San Diego, State of California, on

(date and year)

(Signature)

(Print or Type Name)

DISTRITO ESCOLAR UNIFICADO DE SAN DIEGO
Oficina del Superintendente

DECLARACION DE CONOCIMIENTO Y CONSENTIMIENTO
A LAS CONDICIONES DEL VIAJE

(Adulto, que no sea Empleado o Alumno del Distrito)

Yo, _____, soy el/a _____
(nombre del adulto) (anotar parentesco al alumno/a, ejemplo padre u otro pariente)

de _____, alumno/a inscrito/a en _____
(nombre del/a alumno/a) (nombre de la escuela)

Escuela pública bajo la jurisdicción y administrada por el Distrito Escolar Unificado de San Diego.

Estoy enterado/a que un grupo identificado como _____
(describa el grupo)

inscrito en las siguiente(s) escuela(s): _____

se le ha ofrecido la oportunidad de participar en un viaje de estudios (excursión) a _____,

y que me han solicitado que acompañe a estos alumnos en su viaje durante el período de

_____ a _____

Estoy enterado/a que mi participación en el programa arriba mencionado, incluyendo el viaje de estudios, es voluntario. Estoy de acuerdo en pagar todos mis gastos por mi participación en el viaje de estudios incluyendo pero no limitado al costo de aerolínea y el seguro que requiera el Distrito Escolar Unificado de San Diego.

Estoy consciente de las disposiciones del Código de Educación de California Sección 35330, que manifiestan, en parte que “...Todas la personas que realicen viajes de estudio o excursiones renunciarán a todas las demandas en contra del distrito o del Estado de California, por lesiones, accidente, enfermedad, o muerte que ocurran durante o por razones del viaje de estudios o excursión....”

Leído que fue y enterado de las declaraciones anteriores lo firmo de conformidad.

Cumplidas las formalidades del caso se firma en la ciudad de San Diego, Condado de San Diego, Estado de California

(fecha y año)

(Firma)

Nombre en Letra Imprenta o a Máquina

SAN DIEGO UNIFIED SCHOOL DISTRICT
Office of the Superintendent

STATEMENT OF ACKNOWLEDGMENT AND CONSENT TO CONDITIONS OF TRIP

(Employee of the San Diego Unified School District)

I, _____, am an Employee of the San Diego Unified School District,
(name of employee)

assigned to _____, a public school operated by
(name of school)

the San Diego Unified School District.

I understand that a group identified as _____
(describe group)

enrolled at the following schools(s): _____

will participate in a field trip to _____,

and that I have been asked to accompany these students on their trip during the period from

_____ to _____.

Except as may have been agreed between my supervisor and me, or as may be set forth in documents governing my terms and conditions of employment, I agree to pay all expenses for my participation in the field trip, including but not limited to, the cost of airfare. I further agree to donate as much of my time beyond my normal workday as may be required while on the field trip. I understand that I will suffer no loss of pay by reason of participating in the field trip. I further understand that, except as set forth above, I will receive no additional compensation for any such time or services donated by me, or for any other reason, in connection with the trip.

I am aware of the provisions of Education Code Section 35330, which states in part that "... All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion..."

My acknowledgment of the foregoing paragraph is subject to the proviso that I retain any and all of my employment rights including, but not limited to, district liability insurance, workers compensation insurance, and district health insurance.

I have read and understand the foregoing statement and sign it below voluntarily.

Executed in the City of San Diego, County of San Diego, State of California, on

(date and year)

(Signature)

(Print or Type Name)

SAN DIEGO UNIFIED SCHOOL DISTRICT
Office of the Superintendent

CONFLICT OF INTEREST DISCLOSURE FORM

Each principal, ASB advisor or teacher sponsoring or participating in a tour or trip paid by students is required to complete this form.

Field Trip and Date _____

Name _____

Position _____

Location _____

Indicate below whether you or a member of your family is currently receiving (or has received during the last five years) any gratuity, commission, rebate, or thing of value from any travel agency or travel promoter. Plane fares, hotel accommodations, etc., provided in return for chaperoning should be listed and would be considered reasonable and acceptable.

| Self | Relative | Company Name | Year of Gratuity | Type of Gratuity | Value of Gratuity |
|------|----------|--------------|------------------|------------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(Signature)

(Date)

SAN DIEGO UNIFIED SCHOOL DISTRICT

Office of the Superintendent

AUTHORIZATION FOR STUDENT PARTICIPATION
MULTIPLE-DAY FIELD TRIP OR ACTIVITY

I, the undersigned, am the parent/guardian of: _____

a student enrolled in San Diego Unified School District, request and give permission to have my son/daughter, named above, participate in a field trip to:

(Destination) _____

(Dates) From _____ To _____

I understand that participation in this field trip is entirely voluntary. I voluntarily agree to pay all expenses necessary for the above-named student to participate in the field trip, including, but not limited to, the cost of transportation, food, lodging, and such insurance as may be required by the San Diego Unified School District.

I understand that any travel arrangements made through a travel agency are the responsibility of that agency alone.

I am aware of the provisions of the California Education Code Section 35330, which states, in part, that "...All persons making the field trip or excursion shall be deemed to have waived all claims, against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion...."

I further agree that in the event, in the opinion of a duly authorized representative of the San Diego Unified School District, it becomes necessary to procure emergency medical care for the above-named student due to accident or illness, such care may be procured without my further consent. I personally assume responsibility for any costs of such care not covered by insurance.

Executed in the city of San Diego, County of San Diego, State of California, on

Date

Parent/Guardian

Address:

Telephone: _____

DISTRITO ESCOLAR UNIFICADO DE SAN DIEGO

Oficina del Superintendente

AUTORIZACIÓN PARA LA PARTICIPACIÓN DEL ALUMNO EN
ACTIVIDADES, EXCURSIONES O VIAJES DE ESTUDIO DE DÍAS MÚLTIPLES

El/a suscrito/a, soy padre/madre/tutor de: _____

Alumno/a inscrito en el Distrito Escolar Unificado de San Diego, solicito y otorgo mi autorización para que mi hijo/a, mencionado/a arriba, participe en un viaje de estudios a:

(Destino) _____

(Fechas) De _____ A _____

Estoy enterado/a que la participación en este viaje de estudios (excursión) es totalmente voluntario. Estoy de acuerdo en pagar todos los gastos necesarios por voluntad propia, del/a alumno/a arriba mencionado/a para que participe en el viaje de estudios, incluyendo pero no limitado a, costos de traslados, alimentos, hospedaje y los seguros que sean requeridos por el Distrito Escolar Unificado de San Diego.

Estoy enterado/a además, que los arreglos e itinerario de viajes realizados por una agencia de viajes es responsabilidad de la agencia de viajes únicamente.

Estoy consciente de las disposiciones del Código de Educación de California Sección 35330, que manifiestan, en parte que " ...Todas la personas que realicen viajes de estudio o excursiones renunciarán a todas las demandas en contra del distrito o del Estado de California, por lesiones, accidente, enfermedad, o muerte que ocurran durante o por razones del viaje de estudios o excursión...."

Estoy de acuerdo, asimismo, que en caso, de que a juicio de un representante debidamente autorizado por el Distrito Escolar Unificado de San Diego, sea necesaria la procuración de servicios médicos de emergencia para el/a alumno/a arriba mencionado/a debido a accidente o enfermedad, que tales servicios se lleven a cabo sin mi autorización adicional. Personalmente me haré cargo de los costos de tales servicios que no estén cubiertos por el seguro.

Cumplidas las formalidades del caso se firma en la ciudad de San Diego, Condado de San Diego, Estado de California.

Fecha

Padre/Madre/Tutor

Domicilio

Teléfono: _____

(SAMPLE)

MEDICAL FORM

Student's Name _____ Date of Birth _____

Address _____ Telephone _____

Parent/Legal Guardian _____

Parent's Employer _____ Telephone _____

EMERGENCY PHONE NUMBERS

Day Phone

Father _____ Mother _____ Friend _____

Evening Phone (other than home) _____

MEDICAL INFORMATION

Medicines in student's possession _____

List any allergies to medications _____

Date of last tetanus shot _____

List any pertinent medical history or chronic medical problems _____

Medical Insurance

(Insurance company)

(Name of insured)

(Policy Number)

Signature _____

(Parent/Legal Guardian)

Date _____



San Diego Unified School District
Community Relations Department



VOLUNTEER CODE OF CONDUCT

(This document defines the district's expectations for all school volunteers.)

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
2. I will wear or show volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators **any** concerns that I may have related to student welfare and/or safety.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district and will abide by District Administrative Procedure # 4586 when transporting students.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

I agree to follow the Volunteer Code of Conduct at all times or cease volunteering immediately.