

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

FIELD TRIP AUTHORIZATION

Instructions: In-county field trips/school bus requisitions require principal approval only. All other field trips/school bus requisitions require principal and executive director approval. In addition, any trip involving students' out-of-state/country travel also requires School Board approval and should include release forms, insurance coverage, and other data supplied by the company assisting with the arrangements. Provide the information requested below and submit this completed form with appropriate attachments for approval adhering to the advance notification time prior to departure date noted after field trip below. Refer to School Board Policy 4.43.

Check One In-county Out-of-county (4 wks) Out-of-state (8 wks) Out-of-country (12 wks)

School Riverview High School Destination Atlanta, Georgia Omni Hotel at CNN Center

Purpose National TSA Competition and Convention

Departing from RHS Date 6-22-18 **FRI** Time 6:00 am AM PM

Returning from Atlanta Date 6-26-18 **TUES** Time 10:00 pm AM PM

Grade/Class/Sport RHS Technology Student Association

Person-in-charge Deborah P. Berman Phone _____

Method of transportation School bus (Attach School Bus Trip Requisition [011-85-TRN]) Charter bus
 Airline Other (Explain) Mini-van rental

NOTE If other than a Sarasota County school bus is being used, attach certificate of insurance from carrier or Statement of Insurance on Private Vehicles form (065-96-FIN). See School Board Policy 8.36.

Meal arrangements Student must arrange for own meals

Lodging arrangements Omni Hotel at CNN Center

Number of female students 5 Number of male students 4 Total 9 ✓

Number of female chaperones 1 Number of male chaperones 1 Total 2 ✓

Names of chaperones Deborah Berman, Dennis Costa ✓

Cost per student \$ 300.00 Contact person if financial assistance is needed Deborah Berman

It is understood that permission slips and Emergency Medical/Treatment Consent For Field Trips And/Or Other After School Activities (063-96-DIS) forms will be obtained from parents prior to the field trip.

Funding Source Individual Fundraiser PTO/PTA Internal funds
 Other (Explain) _____

Verification of student medical insurance was completed for out-of-county/overnight travel? Yes No

Principal Name (Print) Kathy Wilks Approved Denied

Principal Signature  Date 3/19/18

Executive Director Name (Print) Steve Cantees Approved Denied

Executive Director Signature  Date 3/19/18

Out-of-state/country field trip was School Board approved on (Board meeting date) _____

FIELD TRIP AUTHORIZATION

Instructions: Provide the following information for all field trips.

1. Explain the direct instructional connection with instructional program. Include any potential risks or hazards (e.g. water activity).

The National TSA Conference and Competition provides hands-on training that will develop the leadership and teamwork skills. The Conference also features state and national competitions and detailed events for students to gain experience in many technology fields. TSA is the CTSA aligned with Applied Engineering and Robotics programs.

2. Describe how students are being selected to participate with assurances of equal access for all students, regardless of economic level.

Other valuable workshops include Chapter Officer Training as well as Leadership training for non-officer students. This event allows students to interact and compete with students from around the nation in many levels of engineering events all while teaching students skills for leadership roles both inside and out of the TSA program.

3. Describe how students will be supervised once they arrive.

Chaperone's will be accessible throughout the event. There will be a 5 - 1 ratio and all students will be in contact by phone to both Chaperones. Students will share rooms with 4 students to 1 room. Chaperones will assist students with individual schedule of events.

4. Should an emergency arise, how will communication and transportation be handled?

Chaperones will be Dennis Costa and Debbie Berman. There may be additional parents as well. All emergencies will be handled quickly and efficiently and relayed to administration in a timely manner.

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

FIELD TRIP PERMISSION

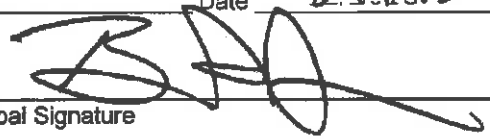
Instructions: Complete and return this form to the school. It must be returned to the school before student will be allowed to participate in this activity. The Emergency Medical/Treatment Consent for Field Trips and/or Other After School Activities form must also be on file at the school before your student will be allowed to participate in this activity. A copy of that form shall accompany this sheet with the classroom teacher/coach or interscholastic activity sponsor. A detailed itinerary is attached if the field trip extends beyond the school day.

School Riverview High School

Date 3-19-18

Kathy Wilks

Principal Name (Print)



Principal Signature

FIELD TRIP INFORMATION

Purpose National TSA Competition and Convention

Destination Atlanta, Georgia Omni Hotel at CNN Center

Time/Date of departure 6am 06/22/2018

Time/Date of return 10pm 06/26/2018

Leaving from RHS Returning to RHS

Means of transportation 2 mini-van rentals

Meal arrangements Student must arrange for own meals

Cost to students \$300.00

If financial assistance is needed, contact Deborah P. Berman

FIELD TRIP PERMISSION

I, _____, give my permission
Parent/Guardian Name (Print)

for _____, to participate in the field trip
Student Name (Print) DOB

to National TSA Conference Atlanta, Georgia (destination) on 06/22-26/2018 (date).

The phone number where I can be reached during this field trip is _____.

I realize that any activity that takes place away from the controlled environment of the school setting may present a higher risk of injury to my child. I also understand that this activity may be cancelled due to changing state, national, or international conditions. I assume responsibility for any personal financial loss related to such a cancellation. In consideration for permitting my child to participate in this field trip, I release The School Board of Sarasota County, Florida, its employees, and agents from all claims, judgments, costs, or other expenses, including attorneys' fees, resulting in any way from participation in the field trip described above.

Parent/Guardian Signature _____ Date _____

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

**EMERGENCY MEDICAL/TREATMENT CONSENT FOR FIELD TRIPS
AND/OR OTHER AFTER SCHOOL ACTIVITIES**

Instructions: Return completed form to your child's school. If you have questions pertaining to this form, contact your child's school.

Date _____

Student Name _____ Last First Middle _____ DOB _____

Home Address _____ Street City Zip _____

Parent/Guardian Name (Print) _____ Relationship _____

Address of above (if different) _____ Street City Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

List a person other than the parent or guardian who could be contacted in case of emergency below:

Emergency Contact Name (Print) _____ Phone _____

Is above student allergic to foods, medications, or insects? Yes No

If Yes, list what they are and emergency medication/treatment, if any. _____

Does the above student have any chronic medical problems (such as asthma, diabetes, seizures)? Yes No

If Yes, list and describe medical requirements for field trip. _____

Does the above student take any daily medication(s)? Yes No

If Yes, complete the medication treatment authorization form (if not previously on file in the school Health Room) and list the medication(s) and time to be administered. _____

Family Physician Name (Print) _____ Physician Phone _____

In case of non-life threatening emergency, list hospital preference _____

In case of serious illness or injury where immediate care is needed, the school or its representative has my permission to contact the appropriate emergency medical service. The emergency medical service has my consent to provide necessary treatment or transportation for my child. I then request that I be notified of the situation. The undersigned will be responsible for emergency treatment cost.

In the case of an accident or illness where immediate treatment of my child is not indicated, but where (s)he is unable to remain at the field trip, I request that the school contact me or my designee to arrange transportation for my child. If the school is unable to contact me, I request that the other person listed on this form be contacted and requested to care for my child.

I understand that I must notify the school in writing if there are any changes in this health emergency information. I understand that this statement remains in effect until the end of this school year unless revised or cancelled by me in writing to the school.

Parent/Guardian Signature _____ Date _____

Distribution: Original - Office Yellow - Teacher

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA and
 FLORIDA DEPARTMENT OF HEALTH IN SARASOTA COUNTY
 SCHOOL HEALTH SERVICES
 1960 LANDINGS BOULEVARD, SARASOTA, FL 34231 PHONE (941) 927-9000

MEDICATION/TREATMENT AUTHORIZATION

Instructions: Read instructions on page 2 prior to completing the form.

Student Name _____ Sex _____ DOB _____ Grade _____

Riverview High School
 School _____ Student No. _____ Fax No. _____

The following section is to be completed by the parent or legal guardian.

I hereby grant permission to the principal or his/her designee of Riverview High School to assist in the administration of the prescribed medication and/or treatment to my child while in school and away from school while participating in official school activities (F.S.1006.062). **It is my responsibility to notify the school if and when these orders change.** I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication and/or treatment where the person administering such medication and/or treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

Parent/Guardian Name _____ Relationship _____

Emergency Phone _____ Home Phone _____ Work Phone _____

Address _____

List student allergies _____

Parent/Guardian Signature _____ Date _____

The following section is to be completed by the prescribing physician

A separate form must be completed for each medication or treatment prescribed.

The student named in this document is under my medical supervision for the diagnosis described below. I have prescribed the following medication/treatment, which is necessary to be given in school. I am aware that trained non-medical staff may administer this physician prescribed service.

This order is to be effective for the school year: 20 17 - 20 18 or earlier stop date _____.

Diagnosis (for this medication/treatment)		
Treatment		
Name of Medication	Brand	Generic
Instructions to give		Strength (i.e. mg/tab)
Amount (i.e. No. of tablets or teaspoons)	Time(s)	
Frequency (i.e. q 6 hrs PM)	Duration (i.e. 10 days)	
Route <input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Subcutaneous <input type="checkbox"/> I.M. <input type="checkbox"/> Inhaled <input type="checkbox"/> Other (describe)		
Time medication is given at home (if applicable)		
Possible side effects		
Is student authorized to carry and use asthma inhalation medication or Epinephrine Auto-Injector? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has student been instructed in the use of asthma inhaler or Epinephrine Auto-Injector? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is student authorized to carry and self-administer pancreatic enzymes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has student been instructed in the use of pancreatic enzymes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Information		
Physician Name _____		
Office Address _____	Phone _____	Fax _____
Physician Signature _____	Date _____	
Medication order reviewed by school RN _____	Date _____	
Medication stopped by Parent/Guardian Signature _____	Date _____	

MEDICATION/TREATMENT AUTHORIZATION

Instructions: For medical/treatment administration during school hours, read the below requirements.

If your child needs to have medication(s)/treatment(s) given during the school day, state regulations and school board policy require that you and your doctor provide written permission for administration of both prescribed and over-the-counter medication(s) or treatment(s).

Medication refers only to those products which have been approved by the "Food and Drug Administration" (FDA) for use as a drug.

- ◆ **Prescribed medications** must arrive in a container with the original, unaltered prescription label attached. The label must display all legal information required for a pharmacist to dispense a prescription medication such as valid issue and expiration dates, the patient's name, the medication name and dosage instructions, and the doctor's name. The label information must match the physician's order.
- ◆ **Over-the-counter medications** must arrive in the original, unopened store-issued container. Take the time to label the container with your child's full name and birth date, the date you send the medication to school and the dosage prescribed by the doctor.
- ◆ The Medication/Treatment Authorization Form on the reverse side of this document must be completed entirely and accompany any medication (either prescribed or over-the-counter) to be given to your child in school. **Both a parent/legal guardian and the prescribing doctor must sign the form.** Staff will not be able to administer medications to your child without this **written consent**.
- ◆ The parent, legal guardian, or an authorized adult must hand carry medications to the school health room. The medication brought into the school health room must match the prescribed medication amount. For example, if the prescribed amount is ½ tablet, then it is the responsibility of the pharmacy/parent to cut the tablets. The health room aide upon receipt will verify the quantity of each medication. **Albuterol and Epinephrine Auto-Injectors must be delivered in the original box with the pharmacy label. Do not send medications to school with your child.**
- ◆ **The RN at your child's school may need to call the doctor's office for medication/treatment clarification.**

The parent or legal guardian will need to pick up the medication at the end of the school year or if the medication is discontinued or changed during the school year. **If the medication is not picked up, it will be discarded.**

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

RELEASE FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL FOR ATHLETICS AND FIELD TRIPS

Instructions: Form must be signed and notarized and returned to child's school. If you have questions pertaining to this form, contact your child's school.

Student Name (Print) _____ School Year 2017-2018

Address _____ DOB _____

Home Phone _____ Parent/Guardian Work Phone _____ Cell Phone _____

Other Emergency Contact Name _____ Phone _____

Medical Insurance Carrier _____ Policy Group Number _____

This application to travel and participate in activities or events sponsored by the Sarasota County Schools is entirely voluntary on our part and is made with the understanding that we have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association or the Sarasota County Schools. It is also agreed that we will abide by all the rules set down by the School Board of Sarasota County, the Florida High School Athletic Association, and the school.

The School Board of Sarasota County, its school principals and teachers, desire that students and parents or guardians of students have a thorough understanding of the implications involved in a student participating in a voluntary extracurricular activity or curricular field trips. For this reason it is required that each student in the Sarasota County Schools, his/her parent, parents, or guardian, read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school trip.

1. I/We, the undersigned, as parent, parents or guardians, give my/our consent for the student identified herein to participate in out-of-county or overnight travel as a representative of his/her school.
2. I/We, will not hold the School Board of Sarasota County, anyone acting in its behalf, or the Florida High School Athletic Association responsible or liable for any injury occurring to the named student in the course of such activities or such travel. I/We release the School Board of Sarasota County, its employees, and agents from all claims, including any claims, costs or damages arising from the negligence of the School Board of Sarasota County, its agents, or employees.
3. I/We understand that school officials will complete accident insurance forms, if the student has school insurance, after which all claims under insurance policy, or policies, for injuries received while participating in school events, shall be processed by the student, his/her parent, parents, or guardian through the company agent handling the student's insurance policy, and not through the school officials.
4. I/We hereby accept financial responsibility for equipment or instruments lost by the student identified herein.
5. I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by the school district or its employees.
6. I/We accept full responsibility and hereby grant permission for my/our son/daughter to travel on any approved school related trip. This statement remains in effect until the end of this school year unless cancelled by me in writing to the school.

Student Signature _____ Date 03/12/2018

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

State of Florida
County of Sarasota

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 18 by _____ (Name of Person Making Statement)

The foregoing instrument was acknowledged by _____ personally know to me, or _____ produced Identification/Type of Identification _____

Notary Public Signature _____ Name of Notary Public: Print, Stamp, or Type as Commissioned _____

My Commission Expires _____ Commission Number _____

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
RISK MANAGEMENT
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

**PARENT RELEASE FOR TRANSPORTATION PROVIDED THROUGH
PUBLIC/COMMERCIAL TRANSIT SYSTEM**
(I.E. AIRLINES, RAIL, CRUISE LINES)

Instructions: Complete this form and have the signature notarized. Return the form to the school with the completed Field Trip Permission Form. Both forms must be on file at the school before your student will be allowed to participate in this activity.

I, _____, understand and accept responsibility for my
Parent/Guardian Name (Print)

student, _____, to participate in the field
Student Name

trip to National TSA Atlanta, Georgia as specified on the Field
Destination

Trip Permission Form using the identified public or commercial transit system. I agree to release and hold harmless The School Board of Sarasota County, Florida, it's employees, and agents from liability for all claims, judgments, costs, or other expenses, including attorney fees, arising out of the bodily injury or property damage resulting in any way from my student using any means of public or commercial transportation.

Parent/Guardian Signature 03/12/2018
Date

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____, by

Personally known ____ Produced identification ____ Type of Identification Produced _____

(Seal)

Signature of Notary Public

Typed or Printed Name of Notary Public

My Commission Expires _____ Commission No. _____

Distribution: Original – Student File

Copy – Parent/Guardian

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
1960 LANDINGS BLVD., SARASOTA, FL 34231
PHONE (941) 927-9000

CHAPERONE GUIDELINES

Instructions: Complete and return this form to the school Field Trip/Event Sponsor.

School Riverview High School Field Trip/Event Sponsor Deborah P. Berman

Field trip destination National TSA. Atlanta Georgia

Departure date/time June 22, 2018 6am Return date/time June 26, 2018 10pm

The primary purpose of a field trip or school-sponsored activity is to enrich students' education. All school sponsored events, educational field trips, and other school sponsored student travel must be adequately supervised and chaperoned. As approved by the principal, the faculty member will be designated as sponsor, and other staff members or parents will be designated as chaperones. The sponsor is responsible for informing the accompanying adults of their duties and responsibilities. The safety of students is the primary concern. For this reason, the following guidelines have been developed outlining the responsibility of all chaperones.

As a Sarasota County School Board Chaperone, I agree to uphold the following guidelines:

1. Recognize that the Field Trip/Event Sponsor is ultimately responsible for all students. His/her directions must be followed by both students and chaperones
2. Understand that students must be kept under close adult supervision at all times. Chaperones are to report issues or concerns immediately to the sponsor. chaperones are on duty the entire time they are away from the school campus and must be willing to adhere to the guidelines
3. Assist the sponsor in making sure that all students are accounted for during the trip or activity, especially prior to leaving the field trip location or dismissing of students following the activity
4. Acknowledge that trips or events extending beyond regular school hours means that the sponsor and chaperones are responsible for students until they are released to parents
5. Agree that smoking and the use of alcoholic beverages are not permitted for any individual (adult or student) participating in a school sponsored activity according to the Sarasota County School Board Safe & Drug Free Schools policy
6. Comply with and meet the background check requirements for Sarasota County School Board volunteers/chaperones and agree to abide by the District Volunteer Guidelines

If the field trip or school sponsored activity is cancelled due to changing state, national, or international conditions, the School District cannot assume responsibility for any personal financial loss. I release The School Board of Sarasota County, Florida, its employees, and agents from all claims, judgments, costs, or other expenses including attorneys' fees resulting in any way from participation in the field trip described above.

Deborah P. Berman
Chaperone Name (Print)

Chaperone Signature _____ Date 03/12/2018

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
RISK MANAGEMENT
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

PRIVATE VEHICLE TRANSPORTATION PERMISSION

Instructions: The School Board will not be providing bus transportation for certain field trips/athletic events during the school year. Instead, the school may try to arrange alternate transportation using private vehicles driven by parents or other adults. If you agree to allow your student to be driven to/from field trips/athletic events in a private passenger vehicle, complete this form, have it notarized and return it to the school. This form must be signed and returned to the school before your student will be allowed to be transported to any field trip/athletic event in a private passenger vehicle.

Private Passenger Vehicle Transportation

I, _____ give my permission for
Parent/Guardian Name (Print)

_____ to be transported to/from field trips/athletic
Student Name (Print)

events in a private passenger vehicle during the 20 - 20 school year. The phone number(s) where I can be reached during this school year is(are) _____

Parent/Guardian Signature 03/12/2018
Date

State of Florida
County of Sarasota

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20 ____ by

(Name of Person Making Statement)

The foregoing instrument was acknowledged by _____ who is:

_____ Personally known to me, or
_____ Produced identification consisting of _____

Notary Public Signature _____

Name of Notary Public (print, stamp, or type as commissioned) _____

My Commission Expires _____ Commission Number _____

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
RISK MANAGEMENT
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

STATEMENT OF INSURANCE ON PRIVATE VEHICLES

Instructions: This form is required by Florida Statute 1006.24(4). Complete the form and attach a copy of your insurance coverage card and return to your student's school.

School Year 2017-2018

The School Board of Sarasota, Florida, requires proof of insurance coverage in force on all private vehicles, prior to and during their use for the transportation of school sponsored groups on all in-county and out-of-county trips. The groups being transported include, but are not limited to, students, coaches, sponsors, faculty and chaperones.

This form is to be completed for each private vehicle used and is valid for the school year in which filed. If the insurance policy expires or is cancelled during the school year, a new statement must be submitted.

School Riverview High School Date 03/12/2018

Driver Name (Print) _____ DOB _____

Driver's Florida Operator's License Number _____

This is to certify that insurance policies, subject to their terms, conditions and exclusions, are at present in force with the company indicated.

Name of Insured(s) (Print) _____ Policy Number _____

Insurance Company _____

Vehicle Make _____ Year _____ Model _____

Policy Period From _____ To _____ Identification No. _____

And that the same provides for personal injury protection in a sum of not less than \$10,000 and liability coverage of \$100,000 bodily injury per person, \$300,000 per occurrence, and \$50,000 property damage.

Insurance Agent _____

Address _____ Phone No. _____

I certify that the above information is correct.

Owner Name (Print) _____

Owner Signature _____ Date _____

I have verified the above information to the field trip activity. This form will be maintained in the principal's office.

Principal/Designee Name (Print) _____ Principal/Designee Signature _____ Date _____

RECEIVED

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
 1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
 PHONE (941) 927-9000

MAR 19 2018

S. CANTEES

FIELD TRIP CHECKLIST

Instructions: The principal will designate the faculty member to be the sponsor for the field trip activity/event. Sponsors and coaches are responsible for the items below. All necessary forms must be completed and obtained from parents/guardians prior to the field trip. Once completed this checklist should be kept with the field trip packet containing all completed forms.

School Riverview High School Sponsor Name Deborah P. Berman

Field trip destination National TSA, Atlanta Georgia

Departure date/time June 22, 2018 6am Return date/time June 26, 2018 10pm

Mark when completed	Form No.	Form Name and Instructions	Type of Field Trip			
			In-County	Out-of-County	Overnight Travel	Out-of-State/Country
	070-90-DIS	Field Trip Authorization – This form is to be completed by the sponsor and approved by the principal, executive director, and School Board if necessary. Approvals must be received before contracts are signed, fundraising is initiated, or plans are finalized. Mark approvals received. <input checked="" type="checkbox"/> Principal (All) <input checked="" type="checkbox"/> Executive Director (All except in-county) <input checked="" type="checkbox"/> School Board (Out-of-state/country only)	X	X	X	X
	071-90-DIS	Field Trip Permission – This form is to be completed by the parent/guardian for any student participating in a school sponsored activity/event including band, chorus, athletics, interscholastic activity, etc.	X	X	X	X
	063-98-DIS	Emergency Medical/Treatment Consent for Field Trips and/or Other After School Activities – This form must be completed by the parent/guardian for any student participating in a school sponsored activity/event including band, chorus, athletics, interscholastic activity, etc. regardless of whether or not school transportation is provided. For athletics, this form must be completed prior to an athlete's participation in pre-season or season play. Coaches and sponsors must carry a copy of these forms with them to all interscholastic activities/field trips.	X	X	X	X
	064-88-DIS	Release for Out-of-County or Overnight Travel for Athletics and Field Trips – This form must be completed by the parent/guardian for any student participating in an out-of-county or overnight travel school sponsored activity/event including band, chorus, athletics, interscholastic activity, etc. regardless of whether or not school transportation is provided. For athletics, this form must be completed prior to an athlete's participation in pre-season or season play. Coaches and sponsors must carry a copy of these forms with them to all interscholastic activities/field trips.		X	X	X
	065-96-FIN	Statement of Insurance on Private Vehicles – This form is to be completed by activity/field trip drivers for each private vehicle used to transport school sponsored groups and is valid for the school year in which filed. If the insurance policy expires or is cancelled during the school year, a new statement must be submitted.	X	X	X	X
	063-12-FIN	Private Vehicle Transportation Permission Form – This form is to be completed by the parent/guardian to allow the student to be transported to/from any activity/field trip in a private vehicle.	X	X	X	X
	072-01-DIS	Chaperone Guidelines – Each designated activity/field trip chaperone must complete and return this form.	X	X	X	X
	060-80-FIN	Certificate of Absence – The sponsor and all other staff participating in the activity/field trip must complete this form to report temporary duty elsewhere.	X	X	X	X
	011-85-TRN	School Bus Trip Requisition	X	X	X	X

Field Trip/Event Sponsor Signature _____ Date 03/12/2018

RET: Master, ESY, GS7 37
 Dupl., OSA

073-01-DIS
 Rev. 8-17-2016