## 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. require principal and executive director approval. In addition, any trip involving students' out-Board approval and should include release forms, insurance coverage, and other data su arrangements. Provide the information requested below and submit this completed form adhering to the advance notification time prior to departure date noted after field trip below. R	of-state/country travel also requires School ipplied by the company assisting with the with appropriate attachments for approval	
Check One In-county Out-of-county (4 wks) Out-of-state (8 v	vks)	
School Tatum Ridge Elementary School Destination Iowa	State University, Iowa	
Purpose To participate in the world Odyssey of the Mind Competition		
Departing from Tatum Ridge Date 5/22/18 Time 6:00	0 am AM/PM	
Returning from <u>Tatum Ridge</u> Date <u>5/27/18</u> Time <u>8:00</u>	0 pm AM/PM	
Grade/Class/Sport Odyssey of the Mind Tatum Ridge Team		
Person-in-charge Heather Wiebke Phone 941-724-7033		
Method of transportation ☐ School bus (Attach School Bus Trip Requisition [01:  ☐ Airline ☐ Other (Explain)	——————————————————————————————————————	
NOTE If other than a Sarasota County school bus is being used, attach certificate of Insurance on Private Vehicles form (065-96-FIN). See School Board Pol		
Meal arrangements Students will be provided 3 meals a day by the University of Iow	a	
Lodging arrangements Students will be staying in the provided dorms designated by	the University of Iowa	
Number of female students 3 Number of male students 4 T	otal <u>7</u>	
Number of female chaperones <u>3</u> Number of male chaperones <u>2</u> T	otal <u>5</u>	
Names of chaperones Heather Wiebke, Blanca Lepow, Barry Dunn, Julie Kummer Ja	amie Biller	
Cost per student \$ $\underline{1,000}$ Contact person if financial assistance is needed $\underline{\underline{B}}$	lanca Lepow	
It is understood that permission slips and Emergency Medical/Treatment Consent For Activities (063-96-DIS) forms will be obtained from parents prior to the field trip.	or Field Trips And/Or Other After School	
Funding Source Individual Fundraiser PTO/PTA Interna	ıl funds	
Other (Explain)		
Verification of student medical insurance was completed for out-of-county/overnight	travel? Yes No	
Principal Name (Print) Barry Dunn  Principal Signature Dunn  Executive Director Name (Print)	Approved Denied  Date 3-12-18	
Principal Signature // // // //	Date <u> </u>	
Executive Director Name (Print)	Approved	
Executive Director Signature	Date	
Out-of-state/country field trip was School Board approved on (Board meeting date)		

RET: Master, 5FY, GS1-SL 340 Dupl., OSA

# FIELD TRIP AUTHORIZATION

<u>Instructions</u>: Provide the following information for all field trips.

Students v	vill participate in the World Odyssey of the Mind Competition. This is a program where students use creati
to solve p	roblems, create structures and verbally respond to questions. Students have been working on this project
8 months.	
Describe I of econom	how students are being selected to participate with assurances of equal access for all students, regard nic level.
All 3rd, 4t	th and 5th grade students were given an opportunity to try out for the Odyssey Team. Seven team members v
picked ba	sed on their creative responses during try-outs. They became the Odyssey Team to represent Tatum Ridg
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Dagariba	how students will be supported and thou arrive
	how students will be supervised once they arrive.
	how students will be supervised once they arrive.  and chaperones will be assigned specific students and will supervise these students the duration of the trip.
Coaches a	
Coaches a	and chaperones will be assigned specific students and will supervise these students the duration of the trip.
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Coaches a They will airports, o	and chaperones will be assigned specific students and will supervise these students the duration of the trip.  have the responsibility to supervise students from the time students leave Tatum Ridge, on the charter bus, in both airplane and the entire time spent on the competition campus when not under the supervision of their
Coaches a They will airports, compared students t	have the responsibility to supervise students from the time students leave Tatum Ridge, on the charter bus, in both airplane and the entire time spent on the competition campus when not under the supervision of their not. Students will also be supervised during the night when in the dorms as chaperones will be assigned 2
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#### 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.

Principal Name (Print)  Principal Signature  FIELD TRIP INFORMATION  Purpose To participate in the World Odyssey of the Mind Competition  Destination Iowa State University, Ames Iowa  Time/Date of departure  5/22/18 6:00 am  Time/Date of return  5/27/18 8:00 pm  Leaving from Tatum Ridge  Means of transportation Charter Bus, Airplane  Meal arrangements Three daily meals will be provided for students by Iowa State University  Cost to students  \$1,000  If financial assistance is needed, contact Funds were raised by the Odyssey team  FIELD TRIP PERMISSION  I	
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I,, give my permission  Parent/Guardian Name (Print)  to participate in the field tri	
I,, give my permission parent/Guardian Name (Print)	ere raised by the Odyssey team
Parent/Guardian Name (Print)	TRIP PERMISSION
to participate in the field tri	, give my permission
for, to participate in the field tri  Student Name (Print) DOB	ne (Print)
	,, to participate in the field trip
to (destination) on (date	(destination) on(date).
The phone number where I can be reached during this field trip is	nis field trip is
I realize that any activity that takes place away from the controlled environment of the school setting may present higher risk of injury to my child. I also understand that this activity may be cancelled due to changing state, national international conditions. I assume responsibility for any personal financial loss related to such a cancellation consideration for permitting my child to participate in this field trip, I release The School Board of Sarasota Co-Florida, its employees, and agents from all claims, judgments, costs, or other expenses, including attorneys' resulting in any way from participation in the field trip described above.	at this activity may be cancelled due to changing state, national, or any personal financial loss related to such a cancellation. Ir in this field trip, I release The School Board of Sarasota County judgments, costs, or other expenses, including attorneys' fees
Parent/Guardian Signature Date	Date

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