

MONTEREY COUNTY

OFFICE OF EDUCATION

P.O. BOX 80851 - 901 BLANCO CIRCLE
SALINAS, CALIFORNIA 93912



Dear Parent:

Throughout the school year your child's class will be going on field trips. These field trips are part of the total educational program.

Please sign and return to school the attached form. This will allow your child to participate on these field trips the entire school year. You will be notified when your child will be making a field trip.

_____ may participate in all field trips made
Child's Full Name
as a part of the regularly planned _____
School Name
program.

_____ Date

_____ Signature of Parent or Guardian

FIELD TRIP REQUISITION AND REQUEST FOR OFF-CAMPUS ACTIVITY
(Must be submitted 10 working days in advance)

- Day(s) and Date(s) of Activity _____
- School _____ Program _____ Teacher _____
- Destination _____
- Departure Time (from school) _____ Return Time (to school) _____
- Number Participating:

Students	_____	Certificated Staff	_____
Wheelchair Students	_____	Classified Staff	_____
Classrooms	_____	Adult Volunteers	_____
- Description of Activity _____
- Educational Objective(s) _____
- Describe Provisions for Meals, if required _____

- Means of Transportation:

<input type="checkbox"/> MCOE Bus	<input type="checkbox"/> Walking
<input type="checkbox"/> Private Auto	<input type="checkbox"/> Public Transit
<input type="checkbox"/> MCOE Auto	<input type="checkbox"/> Other (Describe)

- List all stops to be made _____
- Is the Bus Driver needed to assist with supervision of the students? Yes No
- Special Instructions _____

Requested By _____
 Teacher Signature _____ Date _____

Approved By _____
 Division Head _____ Date _____

FOR OFFICE USE ONLY:

# Buses	MCOE _____	SPAB _____		
	from school _____	from home _____		
	to school _____	to home _____		
	# miles _____	x \$ _____	=	
	# hours _____	x \$ _____	=	
	Fringe total hours _____	x _____%	=	
	MVDL total hours _____	x \$ _____	=	
	Misc. _____		=	
				\$ _____ Total Cost
Cost Per Class - \$ _____				
Driver(s) Assigned _____		Bus(s) # Assigned _____		

MONTEREY COUNTY OFFICE OF EDUCATION

PERMISSION SLIP FOR OUT-OF-COUNTY DAY FIELD TRIPS

Date _____

Dear Parent:

On _____, 19____, our class will be taking a study field trip to

(Location)

Our time of departure will be _____ a.m./p.m. We expect to return at

_____ a.m./p.m.

Our objectives in taking this field trip are as follows: _____

Please sign the permission slip below and return it no later than

Teacher Signature

Date

TO: _____, _____
(Teacher's Name) (School)

I hereby give permission for my son/daughter _____
(Name of Student)

to participate in the out-of-county field trip to _____

on _____, 19____.

Parent Signature

MONTEREY COUNTY OFFICE OF EDUCATION
Division of Special Education

RULES/GUIDELINES FOR OVERNIGHT FIELD TRIPS

The Monterey County Office of Education, Division of Special Education, supports overnight field trips for students enrolled in special classes or programs for the purpose of broadening educational experiences and providing opportunities for students to become more independent.

The following rules and guidelines are provided for staff to assist them in planning overnight field trips.

1. Written approval for initial planning for an overnight field trip must be obtained from the appropriate program administrator prior to informing students or parents of any proposed trip.
2. Overnight field trips may not be longer than two nights and three days.
3. Adult-student supervision ratio must be one adult for every three students.
4. Preliminary planning should include consideration of a) possible destinations, b) travel costs, c) food and lodging costs, d) proposed dates of trip, e) financial resources, and f) adult supervision requirements.
5. A letter verifying parent interest and support should be written, approved by the program administrator, then sent to parents.
6. A Request for Field Trip form should then be completed and approved by the appropriate program administrator. Please be sure to attach a complete itinerary to the Field Trip Request form.
7. A letter to parents containing all pertinent information regarding the overnight trip should be written, approved by the appropriate program administrator, then sent to parents along with the appropriate parent permission form.
8. Teachers should then complete a Field Trip Checklist form.
9. Volunteers assisting with the overnight field trip must complete the appropriate form.
10. A packet to include a complete itinerary, pertinent student information, and a list of adult supervisors, must be given to the appropriate program administrator prior to departure.

TEACHER'S CHECKLIST FOR FIELD TRIPS

Check off the items pertinent for your trip and put N/A for items that are not applicable:

- 1. Verify availability of facility, cost, date, time, education-related activities, etc. of destination.
- 2. Obtain a field trip requisition and fill it out in detail. Return the form to the Monterey County Office of Education for approval two (2) weeks in advance of activity.
- 3. Arrange for adults to help supervise the students.
- 4. Inform parents at least two-to-five days in advance of the field trip giving specific details such as departure and return times, special items needed, lunch, clothing, etc. If a field trip is out-of-county and you will not return before school is dismissed, indicate the approximate time of your return to school.
- 5. Provide a copy of the notice sent to parents to your administrator and the Monterey County Office of Education Division Head.
- 6. Inform other school personnel whose schedules will be affected by your trip:

<input type="checkbox"/> Nurse	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> P.E. Specialist
<input type="checkbox"/> Itinerant H.H. Specialist	<input type="checkbox"/> Librarian
<input type="checkbox"/> O.T. Specialist	<input type="checkbox"/> Lunch Personnel
<input type="checkbox"/> V.H. Specialist	<input type="checkbox"/> Other
- 7. If using private vehicles, have on file in the office the necessary forms from each driver to verify that the driver has a license and proper insurance coverage and that the vehicle is in good mechanical condition.
- 8. If a child cannot go on the field trip, make other arrangements such as placement in another classroom or work assignments at home.
- 9. Discuss the rules for proper behavior on the bus and during the field trip with the students and adult supervisors.
- 10. Several days before the field trip, publish a roster of those going on the field trip so attendance personnel will not mark them absent. Note locations arranged according to #8.
- 11. Make sure all appropriate permission slips, emergency information, and authorization for emergency treatment forms are in order.
- 12. On the day of the field trip:
 - a. Take attendance and send an updated list to your site office (students adults) of those participating in the field trip.
 - b. Carry emergency information and medical release form for each child.
 - c. Carry permission slips for each child.
 - d. Carry a First-Aid Kit
 - e. Provide the office with a list of all students placed in other classrooms, with names of adult supervisors.

_____.ce _____ Teacher Signature _____

VOLUNTEER FIELD TRIP/EXCURSION WAIVER AND MEDICAL AUTHORIZATION-ADULT (EDUCATION CODE SECTION 35330)

Name of School _____

I hereby waive all claims against the MONTEREY COUNTY OFFICE OF EDUCATION, OFFICERS, EMPLOYEES, AGENTS and SERVANTS from all liability arising out of, or in connection with the _____ field trip/excursion to be held from _____, 19____ through _____, 19____.

I, the undersigned, hereby release and discharge the MONTEREY COUNTY OFFICE OF EDUCATION, OFFICERS, EMPLOYEES, AGENTS and SERVANTS from all liability arising out of, or in connection with; the above-described field trip or excursion. For purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the MONTEREY COUNTY OFFICE OF EDUCATION because of any death, personal injury or illness, or because of any loss or damages to property that may occur during the above-described field trip or excursion or results from any cause.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment or hospital care from a licensed physician and/or surgeon is deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

SIGNATURE / DATE

ADDRESS / PHONE

HEALTH INSURANCE COMPANY / POLICY NUMBER

In the event of illness or accident, please notify:

NAME / ADDRESS / PHONE

If there are any special medical problems, kindly attach a description of the problem to this sheet.

PRIVATE VEHICLE USE, WAIVER AND CONSENT TO TREATMENT

1. Name _____ Address _____ Phone _____
Position _____ Location _____

2. Make and Year of Vehicle _____ Vehicle License # _____
California Driver's License # _____ Expiration Date _____
Vehicle is registered to _____

3. Private Vehicle Minimum Requirements:

A. Insurance: Public Liability - Bodily Injury - \$100,000/\$300,000 per accident
- Property Damage - \$ 25,000 per accident
- Medical Payments - \$ 2,000

B. When a privately owned vehicle is used during working hours, it shall be operated in accordance with all policies and guidelines established by the Monterey County Office of Education.

C. The vehicle shall be in good repair and mechanical condition, and equipped with appropriate seatbelts.

● I understand these transportation minimum requirements and do carry insurance with

Insurance Company _____
Effective Dates _____
Policy # _____ Limits _____

4. I, the undersigned, hereby release and discharge the MONTEREY COUNTY OFFICE OF EDUCATION, OFFICERS, EMPLOYEES, AGENTS, AND SERVANTS from all liability arising out of or in connection with, the use of my vehicle during working hours. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the MONTEREY COUNTY OFFICE OF EDUCATION, or that any other person or entity may have against the MONTEREY COUNTY OFFICE OF EDUCATION because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the use of my vehicle or that results from any cause.

5. In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment or hospital care from a licensed physician and/or surgeon is deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

6. I understand that the use of my vehicle during working hours is voluntary.

SIGNATURE

DATE

ADDRESS

PHONE

HEALTH INSURANCE COMPANY

POLICY NUMBER

In the event of illness or accident, please notify:

NAME

ADDRESS

Phone

If there are any special medical problems, kindly attach a description of the problem to this sheet.