

610 FIELD TRIPS AND STUDENT TRAVEL

I. PURPOSE

The purpose of this policy is to provide guidelines for student trips and to identify the general process to be followed for review and approval of trip requests.

II. GENERAL STATEMENT OF POLICY

It is the general expectation of the school board that all student trips will be well planned, conducted in an orderly manner and safe environment, and will relate directly to the objectives of the class or activity for which the trip is requested. The school board also acknowledges and supports the efforts of booster clubs and similar organizations in providing extended travel opportunities for students. Student travel will be categorized within five general areas:

A. Instructional Trips

This category pertains to trips that take place during the school day, relate directly to a course of study, and require student participation. These trips shall be subject to the review and approval in writing of the building principal, assistant principal, or special education director, and shall be financed by school district funds within the constraints of the school building budget, which may include support from student tuition, or booster clubs or similar organizations (Minn. Stat. § 123B.37, Prohibited Fees). These trips are subject to District 110 Policy 707 - Student Transportation.

If overnight stays take place in this category the following guidelines apply:

1. Must be requested 9-12 months in advance, including a detailed request form with a tentative itinerary, which must be completed and approved by the building principal, assistant principal, or special education director.
2. A detailed final trip itinerary must be provided to the building principal, assistant principal, or special education director within 4 months of departure to obtain final approval. It will include appropriate detail while maintaining a degree of flexibility that allows slight modifications intended to enhance the quality of the trip, improve upon its organization, or allow for unforeseen changes of circumstance. The building principal, assistant principal, or special education director may modify approval timelines for contingencies or emergencies.
3. Medical emergency information for students and chaperones must be on file with the building principal or special education director and the trip organizer, and student medications must be administered according to Policy # 516 – Student Medication.
4. Parent/guardian authorization must be obtained for all travelers, including completion and submission of the Student Behavior Requirements form (see Appendix VIII).
5. All policies regarding chaperones should be followed (see item III - Chaperones, and Appendix VII - Field Trip and Travel Chaperone Agreement).

B. Extra-Curricular Trips

This category pertains to trips and/or travel in which students participate in a school district sponsored activity that has a pre-determined competition schedule set and approved by the district. This category does not include rotational trips (see section II, item C, Extended Trips, number 2) that are taken by the music or other departments.

If overnight stays take place in this category the following guidelines apply:

1. Must be requested 9-12 months in advance, including a detailed request form with a tentative itinerary, which must be completed and approved by the activities director, building principal, or assistant principal. It is expected that efforts will be made to schedule extra-curricular student trips during non-student school days. In the event that students will need to miss school days, the proposal must include the rationale for scheduling the trip at that time.
2. A detailed final trip itinerary must be provided to the activities director, building principal, or assistant principal within 4 months of departure to obtain final approval. It will include appropriate detail while maintaining a degree of flexibility that allows slight modifications intended to enhance the quality of the trip, improve upon its organization, or allow for unforeseen changes of circumstance. The activities director, building principal, or assistant principal may modify approval timelines for extra-curricular or athletic competitions, post-season events, or contingencies or emergencies.
3. If they are not already on file, medical emergency information for students and chaperones must be placed on file with the building principal and the trip organizer, and student medications must be administered according to Policy # 516 – Student Medication.
4. Parent/guardian authorization must be obtained for all travelers, including completion and submission of the Student Behavior Requirements form (see Appendix VIII).
5. All policies regarding chaperones should be followed (see item III - Chaperones, and Appendix VII - Field Trip and Travel Chaperone Agreement).

C. Supplementary Trips

This category pertains to those trips in which students voluntarily participate and which may take place outside the regular school day. Examples of trips in this category involve student activities, clubs, summer activities, community education activities, and other special interest groups. These trips are subject to review and approval of the activities director, program advisor, and/or the school principal or assistant principal. Financial contributions by students may be requested, as well as support from booster clubs or similar organizations. A financial assistance or scholarship process will be established at each school building to assist students with their financial contribution to the supplemental trip. (Minn. Stat. § 123B.36, Authorized Fees.) These trips are subject to District 110 Policy 707 – Student Transportation.

1. Supplementary Trips that involve an overnight stay.
 - a. Supplementary trips that involve an overnight stay will be overseen by Community Education. This includes the promotion of the trip, fees collection, identification and background checks of chaperones, selection of and contracting with outside vendors and

transportation providers, oversight of passport and guardian permission procedures, gathering of participant medical information, etc.

b. Medical emergency information for students and chaperones must be on file with the building principal and/or Community Education and the trip organizer, and all student medications must be administered according to Policy # 516 – Student Medication.

- i. For students who must travel with medications, all medications must be kept in the original container and appropriately labeled for the student. If the student needs prescription medications while on the field trip, medication(s) must be appropriately labeled by a pharmacist in accordance with law. All medications will be administered in a manner consistent with instructions identified on the label.
- ii. All medications administered on the field-trip will be administered by a field-trip chaperone that has been designated and trained by health services staff. Designee will complete appropriate training for medication administration by district health services staff. Students may self-carry the following prescription medications (epi-pens, insulin, and inhalers) after completion of the *Authorization to Self-Carry Medications* Form (see Appendix X). *NOTE: ISD 110 will not provide any stock medications, in accordance with Minnesota Department of Health – Guidelines for Medication Administration in Schools.*
- iii. For students that require specialized medical procedure(s) during the field trip a health plan will be developed by the field-trip coordinator, parent/guardian, student and health services staff. All medical procedures performed during a field trip will be administered by a field-trip chaperone that has been designated and trained by health services staff. *Note: Parent/guardian must alert field-trip coordinator in advance of their student’s specialized medical procedure(s). Adequate timing is needed (48 hours or more) to develop a health plan for the student during the field trip.*

c. Parent/guardian authorization must be obtained for all travelers, including completion and submission of the Student Behavior Requirements form (see Appendix VIII).

d. All policies regarding chaperones should be followed (see item III - Chaperones, and Appendix VII - Field Trip and Travel Chaperone Agreement).

e. Care should be taken to make sure that trips are competitively priced.

f. A financial and experiential report for supplementary trips will be made to the building administration or Community Education within 60 days after completion of the trip.

D. Extended Trips

This category pertains to trips that involve one or more overnight stays and are not considered part of a predetermined school district competition schedule (i.e., Extra-Curricular Trips).

1. All Extended Trips are voluntary and participation or non-participation status may not influence grades or future placement, treatment, or opportunities for students. An extended trip must be requested 9-12 months in advance, and a detailed request form, including a tentative itinerary and fundraising plan, must be completed and approved at each level: student/parent; Activities Director or principal/assistant principal; and superintendent. It is expected that efforts will be made to schedule extended student travel during non-student school days. In the event that students will need to miss school days, the proposal must include the rationale for scheduling the trip at that time. A detailed trip itinerary must be provided within 4 months of departure to obtain final approval by the school board. It will include appropriate detail while maintaining a degree of flexibility that allows slight modifications intended to enhance the quality of the trip, improve upon its organization, or allow for unforeseen changes of circumstance.

2. Extended trips which exceed the 600 mile radius (based on variation of MSHSL Bylaw 410.00 § 2A) will observe a rotational schedule to avoid overlapping extended trip costs. Exceptions can be made on an individual basis. Extended Trip organizers should take particular care to minimize trip costs whenever possible.

3. Extended Trips and supplementary trips that involve an overnight stay will be overseen by Community Education. This includes the promotion of the trip, fees collection, identification and background checks of chaperones, selection of and contracting with outside vendors and transportation providers, oversight of passport and guardian permission procedures, gathering of participant medical information, etc.

4. Medical emergency information for students and chaperones must be on file with the building principal and/or Community Education and the trip organizer, and all student medications must be administered according to Policy # 516 – Student Medication.

- c. For students who must travel with medications, all medications must be kept in the original container and appropriately labeled for the student. If the student needs prescription medications while on the field trip, medication(s) must be appropriately labeled by a pharmacist in accordance with law. All medications will be administered in a manner consistent with instructions identified on the label.
 - a. All medications administered on the field-trip will be administered by a field-trip chaperone that has been designated and trained by health services staff. Designee will complete appropriate training for medication administration by district health services staff. Students may self-carry the following prescription medications (epi-pens, insulin, and inhalers) after completion of the *Authorization to Self-Carry Medications* Form (see Appendix X).

NOTE: ISD 110 will not provide any stock medications, in accordance with Minnesota Department of Health – Guidelines for Medication Administration in Schools.

- d. For students that require specialized medical procedure(s) during the field trip a health plan will be developed by the field-trip coordinator, parent/guardian, student and health services staff. All medical procedures performed during a field trip will be administered by a field-trip chaperone that has been designated and trained by health services staff.
 - a. *Note: Parent/guardian must alert field-trip coordinator in advance of their student's specialized medical procedure(s). Adequate timing is needed (48 hours or more) to develop a health plan for the student during the field trip.*

5. Parent/guardian authorization must be obtained for all travelers, including completion and submission of the Student Behavior Requirements form (see Appendix VIII).

6. All policies regarding chaperones should be followed (see item III - Chaperones, and Appendix VII - Field Trip and Travel Chaperone Agreement).

7. Care should be taken to make sure that trips are competitively priced.

8. A financial and experiential report for extended trips will be made to the building administration or Community Education within 60 days after completion of the trip.

E. International Trips

This category pertains to any trip, which requires travel outside of the continental United States and/or requires travelers to carry a birth certificate or passport. All international trips must be requested in writing 18 months in advance of the trip. A fundraising plan proposal must be submitted with the tentative trip proposal. It is expected that efforts will be made to schedule international student travel during non-student school days. In the event that students will need to miss school days, the proposal must include the rationale for scheduling the trip at that time. A final detailed trip itinerary must be submitted in writing, and final written approval must be obtained from the activities director, building principal, superintendent, and school board at least 6 months prior to the trip. It will include appropriate detail while maintaining a degree of flexibility that allows slight modifications intended to enhance the quality of the trip, improve upon its organization, or allow for unforeseen changes of circumstance. Exceptions to the approval policy may be granted or expedited to accommodate emergencies or contingencies. All International Trips will be overseen by Community Education via the same rules as those for Extended Trips.

2. International Trips are voluntary and participation or non-participation status may not influence grades or future placement, treatment, or opportunities for students.

3. Medical emergency information for students and chaperones must be on file with the building principal and/or Community Education and the trip organizer, and all student medications must be administered according to Policy # 516 – Student Medication.

e. For students who must travel with medications, all medications must be kept in the original container and appropriately labeled for the student. If the student needs prescription medications while on the field trip, medication(s) must be appropriately labeled by a pharmacist in accordance with law. All medications will be administered in a manner consistent with instructions identified on the label.

a. All medications administered on the field-trip will be administered by a field-trip chaperone that has been designated and trained by health services staff. Designee will complete appropriate training for medication administration by district health services staff. Students may self-carry the following prescription medications (epi-pens, insulin, and inhalers) after completion of the *Authorization to Self-Carry Medications* Form (see Appendix X).

NOTE: ISD 110 will not provide any stock medications, in accordance with Minnesota Department of Health – Guidelines for Medication Administration in Schools.

f. For students that require specialized medical procedure(s) during the field trip a health plan will be developed by the field-trip coordinator, parent/guardian, student and health services staff. All medical procedures performed during a field trip will be administered by a field-trip chaperone that has been designated and trained by health services staff.

- a. *Note: Parent/guardian must alert field-trip coordinator in advance of their student's specialized medical procedure(s). Adequate timing is needed (48 hours or more) to develop a health plan for the student during the field trip.*

4. Parents'/guardians' authorization must be obtained for all travelers, including completion and submission of the Student Behavior Requirements form (see Appendix VIII). Proof of necessary passports and/or birth certificate copies for all travelers must be obtained prior to departure.

5. All policies regarding chaperones should be followed (see item III - Chaperones, and Appendix VII - Field Trip and Travel Chaperone Agreement).

6. Care should be taken that all trips are competitively priced.

7. A financial and experiential report for international trips will be made to the building administration or Community Education within 60 days after completion of the trip.

III. CHAPERONES

The number and gender of adult chaperones must be provided appropriate to the age and maturity level, gender, and needs of students. The ratio of at least one chaperone for every 12 students is recommended.

B. All chaperones for extended trips and international trips must sign a chaperone expectation form (see Appendix VII – Field Trip and Travel Chaperone Agreement) and undergo a District 110 background check either at their own expense or at the expense of the organization sponsoring the trip.

IV. STUDENT CONDUCT

All students are subject to and the organizer is responsible for enforcing compliance with the District 110 Code of Ethics, Minnesota State High School League Student Code of Responsibilities, District 110 Policy 506 – Student Discipline, and the Student Behavior Requirements Form (see Appendix VIII). Any student who violates these guidelines while on the trip may be sent home from the trip at the parent's or guardian's expense.

V. TRANSPORTATION

Transportation for all trips is subject to District 110 Policy 707 – Student Transportation. All air travel must be provided by a commercial airline.

VI. NON-APPROVED TRIPS

A. Staff, booster clubs, or similar organizations entering into contracts or agreements with commercial agencies without formal district approval do so at their own risk. As such, any extended trip not approved by the district is considered a private venture. Prior to committing financial resources to a trip not sponsored by the district, participating students and parents must sign a release form indicating they understand the trip to be of a private nature and not sponsored, endorsed, or approved by the district (see Appendix IX).

B. Employees engaging in a private venture, cooperating with, receiving benefit from, or serving as agents for a commercial agency, shall not use school work time, materials or other district resources to promote, plan, organize, or recruit students for the non district-sponsored trip.

LEGAL REFERENCES:

Minn. Stat. § 123B.36 (Authorized Fees)
Minn. Stat. § 123B.37 (Prohibited Fees)
Minn. Stat. § 123B.49 (Co-curricular and Extracurricular Activities; Insurance)
Minn. Stat. § 148.271 (Nurse Practice Act)
Sonkowsky v. Board of Educ. For Indep. Sch. Dist. No. 721, 327 F.3d 675 (8th Cir. 2003)
MSHSL Official Handbook, Beliefs
MSHSL Official Handbook, Calendar of State Events
MSHSL Bylaw 206.00 § 2
MSHSL Bylaw 410.00 § 2A

CROSS REFERENCES:

Policy 412 (Expense Reimbursement)
Policy 421 (Gifts to Employees)
Policy 413 (Harassment and Violence Policy)
Policy 418 (Drug-free Workplace/Drug-free School)
Policy 419 (Tobacco Free Environment and Enforcement)
Policy 423 (Employee-Student Relationships)
Policy 433 (Volunteer Service in District 110)
Policy 501 (School Weapons Policy)
Policy 506 (Student Discipline)
Policy 510 (School Activities)
Policy 511 (Fundraising)
Policy 514 (Bullying Prohibition Policy)
Policy 516 (Student Medication)
Policy 706 (Acceptance of Gifts)
Policy 707 (Transportation of Public School Students)
Policy 709 (Student Transportation Safety Policy)
Policy 710 (Extracurricular Transportation)
Policy 908 (District Acceptance and Use of Contributions from Individuals and Groups for Educational Program Support)
Policy 911 (Booster Communications)
District 110 Code of Ethics, District 110 Team/Parent Handbook, Policies/Guidelines

APPENDIX I

610 FIELD TRIPS AND TRAVEL PROCEDURES FOR INSTRUCTIONAL AND EXTRA- CURRICULAR TRIPS

I. TENTATIVE TRIP PROPOSAL

A. A tentative trip proposal is required for all instructional and extra-curricular trips. It is intended to provide the administration and school board with background information about the proposed trip. The tentative trip proposal should include the following information:

1. Name of the organizer
2. Destination
3. Purpose of the trip and its educational benefits
4. Trip dates, highlighting school days missed
5. Transportation arrangements
6. Lodging and meal arrangements
7. Budget, including estimated cost to each student and chaperone
8. Funding sources/proposed fundraising activities or events
9. Availability and type of financial assistance or scholarships
10. Number of student participants
11. Number of school staff chaperones
12. Number of non-staff adult chaperones
13. Provisions for obtaining necessary parent/guardian permissions for all travelers.

B. It is expected that efforts will be made to schedule student travel during non-student school days. In the event that students will need to miss school days, the proposal must include the rationale for scheduling the trip at that time.

II. FINAL TRIP ITINERARY

The final trip itinerary is required for all instructional and extra-curricular trips. It will include appropriate detail while maintaining a degree of flexibility that allows slight modifications intended to enhance the quality of the trip, improve upon its organization, or allow for unforeseen changes of circumstance. A final itinerary is intended to provide the administration with pertinent details about the trip. No instructional or extra-curricular trip will receive final approval without the submission of a final trip itinerary.

APPENDIX II

610 FIELD TRIPS AND TRAVEL PROCEDURES FOR EXTENDED AND INTERNATIONAL TRIPS

I. TENTATIVE TRIP PROPOSAL

A. A tentative trip proposal is required for all extended and international trips. It is intended to provide the administration and school board with background information about the proposed trip. The tentative trip proposal should include the following information:

1. Name of the organizer
2. Destination
3. Purpose of the trip and its educational benefits
4. Trip dates, highlighting school days missed
5. Transportation arrangements
6. Lodging and meal arrangements
7. Budget, including estimated cost to each student and chaperone
8. Funding sources/proposed fundraising activities or events
9. Availability and type of financial assistance or scholarships
10. Number of student participants
11. Number of school staff chaperones
12. Number of non-staff adult chaperones
13. Provisions for obtaining necessary parent/guardian permissions for all travelers.
14. Provisions for obtaining necessary passports or copies of birth certificates for all international travelers.

B. It is expected that efforts will be made to schedule student travel during non-student school days. In the event that students will need to miss school days, the proposal must include the rationale for scheduling the trip at that time.

II. FINAL TRIP ITINERARY

The final trip itinerary is required for all extended and international trips. It will include appropriate detail while maintaining a degree of flexibility that allows slight modifications intended to enhance the quality of the trip, improve upon its organization, or allow for unforeseen changes of circumstance. A final itinerary is intended to provide the administration and school board with pertinent details about the trip. No extended or international trip will receive final approval without the submission of a final trip itinerary.

III. POST-TRIP REPORTING

A financial and experiential report for extended and international trips will be made to the building administration and/or Community Education within 60 days after completion of the trip.

APPENDIX III

INSTRUCTIONAL FIELD TRIP AND TRAVEL/
EXTRA-CURRICULAR FIELD TRIP AND TRAVEL
APPLICATION FOR PRELIMINARY APPROVAL

Must submit to applicable building principal, assistant principal, special education director, or activities director 9-12 months prior to travel

School _____

Group/Class _____

Organizer submitting request _____

of students _____ # of school personnel _____ # of chaperones _____

Destination _____

Mode(s) of transportation _____

Miles round trip _____

Educational objective or benefit _____

Lodging and meal arrangements

TIME

Dates of the trip _____

Days absent: When school is in session _____ Non-school days _____

COST

Total estimated cost per student/chaperone \$ _____

Funding breakdown:

Student/chaperone \$ _____ District \$ _____ Other \$ _____

PRELIMINARY APPROVAL REQUIRED SIGNATURES

Building administration _____ Date _____

cc: Health Services

APPENDIX IV

**EXTENDED FIELD TRIP AND TRAVEL/INTERNATIONAL TRAVEL
APPLICATION FOR PRELIMINARY APPROVAL**

***Must submit to applicable building principal, activities director, and superintendent
9 months prior to extended travel, and
18 months prior to international travel***

School _____

Group/Class _____

Organizer submitting request _____

of students _____ # of school personnel _____ # of chaperones _____

Destination _____

Mode(s) of transportation _____

Miles round trip _____

Educational objective or benefit _____

Lodging and meal arrangements

TIME

Dates of the trip _____

Days absent: When school is in session _____ Non-school days _____

COST

Total estimated cost per student/chaperone \$ _____

Funding breakdown:

Student/chaperone \$ _____ District \$ _____ Other \$ _____

PRELIMINARY APPROVAL REQUIRED SIGNATURES

Building administration _____ Date _____

Superintendent _____ Date _____

Community Education Director _____ Date _____

cc: Health Services

**APPENDIX V
INSTRUCTIONAL FIELD TRIP AND TRAVEL/
EXTRA-CURRICULAR FIELD TRIP AND TRAVEL
APPLICATION FOR FINAL APPROVAL**

*Must submit to applicable building principal, assistant principal, special education director,
or activities director within 4 months prior to departure*

School _____ Group _____

Organizer submitting request _____

of students _____ # of school personnel _____ # chaperones _____

Destination _____

Educational objective or benefit _____

Name of travel agency, if applicable: _____

TIME

LEAVE: Date: _____ Time: _____ RETURN: Date: _____ Time: _____

TIME ABSENT: School days: _____ Non-school days _____

HEALTH AND SAFETY

- Have reasonable accommodations been made for travelers with disabilities? Y or N
- Is special insurance protection offered for students? Y or N
For adults? Y or N
- Have all necessary contact information and health-related forms been received from participants?
Y or N Submitted to administration? Y or N
- Do you have at least one chaperone for every 12 students? Y or N
If less than one chaperone per 12 students, how many? _____
- Have you obtained proof that all participants have appropriate identification necessary to the trip?
Y or N
- Have all chaperones completed:
District 110 criminal background checks Y or N
Signed chaperone agreements? Y or N
- Who has signed off on discussing student conduct policies with students?

- What emergency procedures are in place? Please give an assessment of medical or emergency
personnel and facilities available, and procedures to follow if student(s) become lost or separated
from the group. *Attach information to this application.*

TRANSPORTATION

Mode(s) and name(s) of carrier(s): _____

Lodging arrangements, where applicable, with dates:

Meal arrangements: _____ # included w/trip _____ # not included

COST ESTIMATE PER STUDENT/CHAPERONE

TOTAL: \$ _____ Expenses paid by traveler: \$ _____

Transportation: \$ _____ Expenses paid by district: \$ _____

Meals: \$ _____ Expenses paid by other means: \$ _____

Lodging: \$ _____ Explain financial assistance or scholarships for

Other: \$ _____ instances of financial need: _____

FINAL APPROVAL

Required signatures:

Building Administration: _____ Date: _____

Distribution: Signed original to building, signed copies to organizer and school office.

cc: Health Services

APPENDIX VI

**EXTENDED FIELD TRIP AND TRAVEL/
INTERNATIONAL FIELD TRIP AND TRAVEL
APPLICATION FOR FINAL APPROVAL**

***Must submit to applicable building principal, activities director, and superintendent
within 4 months of departure for extended trips,
within 6 months of departure for international travel***

School _____ Group _____

Organizer submitting request _____

of students _____ # of school personnel _____ # chaperones _____

Destination _____

Educational objective or benefit _____

Name of travel agency, if applicable: _____

TIME

LEAVE: Date: _____ Time: _____ RETURN: Date: _____ Time: _____

TIME ABSENT: School days: _____ Non-school days _____

HEALTH AND SAFETY

- Have reasonable accommodations been made for travelers with disabilities? Y or N
- Is special insurance protection offered for students? Y or N
For adults? Y or N
- Have all necessary contact information and health-related forms been received from participants? Y or N Submitted to administration? Y or N
- Do you have at least one chaperone for every 12 students? Y or N
If less than one chaperone per 12 students, how many? _____
- Have you obtained proof that all participants have appropriate identification necessary to the trip? Y or N
- Have all chaperones completed:
District 110 criminal background checks Y or N
Signed chaperone agreements? Y or N
- Who has signed off on discussing student conduct policies with students?

- What emergency procedures are in place? Please give an assessment of medical or emergency personnel and facilities available, and procedures to follow if student(s) become lost or separated from the group. *Attach information to this application.*

TRANSPORTATION

Mode(s) and name(s) of carrier(s): _____

Lodging arrangements, with dates:

Meal arrangements: _____ # included w/trip _____ # not included

COST ESTIMATE PER STUDENT/CHAPERONE

TOTAL: \$ _____ Expenses paid by traveler: \$ _____

Transportation: \$ _____ Expenses paid by district: \$ _____

Meals: \$ _____ Expenses paid by other means: \$ _____

Lodging: \$ _____ Explain financial assistance or scholarships for

Other: \$ _____ instances of financial need: _____

FINAL APPROVAL

Required signatures:

Building Administration: _____ Date: _____

Community Education Director (if Community Ed oversees planning of trip):
_____ Date: _____

Superintendent: _____ Date: _____

School Board approval date: _____

Distribution: Signed original to building administration or Community Education, signed copies to organizer and school office.

cc: Health Services

APPENDIX VII

FIELD TRIP AND TRAVEL CHAPERONE AGREEMENT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ CELL PHONE () _____

EMAIL _____

The following guidelines are designed to help volunteers understand their responsibilities while performing within the course and scope of a volunteer chaperone position. Volunteer chaperones are expected to abide by all Waconia Public Schools' and Minnesota State High School League policies. This agreement is effective for the _____ school year and may be used for multiple events. The goal of Waconia Public Schools is to provide a safe, fun, and positive experience for both youth and adults. As an adult chaperone, you play a valuable role in attaining this goal. Please read through this code of conduct and sign below.

As an adult chaperone, you agree to:

1. Complete the background check required by the district at your own expense.
2. Have a valid driver's license and carry proof of automobile liability insurance, if you use a motor vehicle to transport yourself and others. Also, ensure that all passengers use seatbelts.
3. Not possess or use any alcohol, illegal drugs, or tobacco products while involved in any Waconia Public Schools' meeting or activity.
4. Not leave the premises of the event without the approval of the organizer of the field trip or travel event when chaperoning students.
5. Represent Waconia Public Schools well by conducting yourself courteously in manner and language, exhibiting good sportsmanship, serving as a positive role model to youth and adults, by using reasonable conflict resolution skills, and by refraining from inappropriate physical contact with students.
6. Abide by all applicable Waconia Public Schools' rules, policies, and guidelines.
7. Accept supervision and support from the field trip organizer or designated activity volunteer leader.
8. Accept the responsibility to promote and support the vision, mission, and values of Waconia Public Schools.
9. Ensure that students follow the guidelines and participate appropriately in all activities and travel.
10. Immediately inform the field trip or travel event organizer of any violations of district policies so that he/she can respond appropriately.
11. Participate in activities to the best of your ability, and with a cheerful attitude.
12. Respect the privacy of students, staff, and other volunteers at all times, and abide by Waconia Public Schools' confidentiality and data privacy rules.

I have read this document. I understand its contents and agree to its terms. I also understand that if I do not follow this code of conduct, my participation in Waconia Public Schools-sponsored activities for this and the future school year will be terminated.

Chaperone's signature: _____ Date: _____

Please return this document to the trip organizer or designee immediately upon receipt. Failure to return a signed copy of this document will result in a potential chaperone's exclusion from Waconia Public Schools' field trips and other student travel activities.

cc: Health Services

APPENDIX VIII

Waconia School District #110 Field Trip and Travel STUDENT BEHAVIOR REQUIREMENTS

Parents and students must read the following expectations for student behavior below and sign your name where requested. Your signature indicates that you have read and agree to follow these rules while you are participating in this field trip or extended travel.

1. A student shall not: use any beverage containing alcohol; use tobacco; use or consume, have in their possession, buy, sell, or give away any controlled substance, including alcohol and illegal or prescription drugs; possess any weapon in violation of School Weapons Policy #501.
2. A student will not violate the sexual harassment policy of District #110, which prohibits unwanted speech or physical contact of a sexual nature.
3. A student may not leave the group individually. Any small group activities must be arranged with and approved by a teacher/advisor, and a teacher/advisor or chaperone must accompany any sub group. Students shall remain mindful and respectful of their own personal safety and well-being, and the safety and well-being of others, at all times.
4. On overnight trips, students must stay in their assigned hotel room/quarters and not switch rooms. Further, once bed checks have been completed, students may not leave their assigned quarters. At lights out time, students will refrain from loud or other behavior that disrupts the sleep or comfort of others.
5. Students may not enter or ride in any unapproved motorized vehicle (car, scooter, motorbike, boat, train, airplane). The only approved vehicles are those arranged by a teacher/advisor or vehicles of public transportation.
6. Students are expected to show respect to and follow the directions of teachers/advisors and chaperones at all times. Students are expected to show respect to their fellow students and other people they may encounter during the field trip/extended travel. Disrespectful or inappropriate language or behavior will not be tolerated.
7. Respect for the property of others is expected. Theft, borrowing items without prior permission, vandalism, and any other illegal or improper acts will not be tolerated.
8. This field trip/extended travel is an extension of school programs and all school rules and regulations, even those not included in this listing, will apply.
9. Students are expected to conduct themselves in a manner that reflects positively on themselves, their families, their school, and their community.
10. Students who disregard any of these requirements may be removed from the group for the duration of the field trip/extended travel and/or be returned home at the expense of the student's parent/guardian.

STUDENT SIGNATURE:

I, the undersigned, have read, understand, and agree to abide by all of the above behavioral requirements during the _____ field trip/extended travel. I understand that my parent/guardian may be responsible for paying all expenses related to sending me home from trips for disciplinary reasons.

Student signature: _____ Date: _____

PARENT/GUARDIAN SIGNATURE:

I, the undersigned, have read and understand the behavior requirements during the _____ field trip/extended travel and that I may be responsible for paying all expenses related to sending the student home from trips for disciplinary reasons.

Parent/guardian signature: _____ Date: _____

Please return this form to the trip organizer or designee immediately upon receipt. Failure to return a fully signed copy of this document will result in exclusion from the above-named field trip or extended travel event.

APPENDIX IX

**NON DISTRICT-SPONSORED FIELD TRIP AND TRAVEL
PARENT/GUARDIAN RECOGNITION AND DISCLAIMER**

As the parent or guardian of a district student, I grant permission for him/her to participate in the non district-sponsored trip, as described here:

The dates of this non district-sponsored trip are from:

_____ to _____
month/day/year month/day/year

By my signature below, I understand this non district-sponsored trip is not sponsored by, endorsed by, or organized by Waconia Public Schools, Independent District No. 110. This disclaimer is in accordance with School Board Policy 610 – Field Trips.

The district assumes no responsibility for this non district-sponsored trip nor its students when participating in this trip. Any student absence due to participation in a non district-sponsored trip may be considered unexcused by the district. Students are advised to consult their teachers and District Policy 503 – Student Attendance for making up any missed schoolwork. All correspondence and correspondence regarding this trip should be directed to the trip organizer or sponsor.

By my signature below, I, on behalf of the district student named below, waive all rights and release all claims against the district which may arise from the non district-sponsored trip described above. I have read this form in its entirety and understand its contents and terms.

Name of Student: _____

Name of Parent(s)/Guardian(s): _____

_____ Date: _____

Parent/Guardian Signature

APPENDIX X



Parent Request for Medication Administration and Physician Order

Parents of students requesting that medication be administered during school hours must provide for the school:

- Medication in an appropriately labeled container, over the counter medications must be in original container and prescription medications in a prescription bottle.
- Parent/guardian signature.
- A physician signature for prescription medications. *Note: health services recommends a physician signature for non-prescription medications.*

Ask for prescription medications to be divided into two bottles completely labeled – one for home and one for school. Only when a medication is prescribed to be taken during school hours will a student be given medication at school.

Please review the "District 110 Medication Information" on the back of this form.

Student Name:_____ **Birth date:**_____ **School:**_____ **Gr:**_____

Medication:_____ **Route:** Oral _ Inhaled_ Topical_ Other_____

Dosage:_____ **Time Given:**_____

Treatment Of:_____ **Number of tablets sent to school:**_____

Possible Side Effects:_____

Special Instructions:_____ **End Date/Number of days given:**_____

Allergies:_____

I request that this medication be given as indicated above. I understand that administration of medication will not necessarily be done by a Licensed School Nurse or Health Associate, but may be provided by a designated trained school employee. Also, if necessary, the school may request additional information from the physician regarding this illness or medication.

Sign form below and return it with the medication to the school health office.

PARENT/GUARDIAN SIGNATURE:_____

Date:_____ **Daytime Phone:**_____

PHYSICIAN SIGNATURE:_____

Print Physician Name:_____ **Phone/Fax:**_____

Below line for School Health Office Use only:

Date/Time Dose/Initials	Date/Time Dose/Initials	Date/Time Dose/Initials	Date/Time Dose/Initials	Administrator Signature

Waconia High School
Cynthia Van Kirk, LSN
Jodi Anderson, RN
PH: (952)442-0674
Fax: (952)442-0679

Clearwater Middle School
Vicki Sorensen, LPN
PH: (952)442-0654
Fax: (952)442-0659

Southview Elementary
Whitney Thulin, LPN
PH: (952)442-0623
Fax: (952)442-0629

Bayview Elementary
Amy Johnson, LPN
PH: (952)442-063
Fax: (952)442-0609

DISTRICT 110 – Schools Medication Information

District 110 acknowledges that some students may require prescribed and over the counter medications during the school day to function as near to their potential as possible. For more information please refer to ISD 110 student medication policy #516. The school district’s licensed school nurse, health associate, or other designated trained school employee will administer prescribed medications under these conditions:

- **Prescription and non-prescription medication requires a completed signed authorization form from the student’s parent/guardian. For prescription medications a physician is required,** for non-prescription/over the counter medications health services recommends a physician signature. The school district may rely on an oral request to administer medication for up to two days until written authorization is received. It is to include:
 - Student name
 - Name of medication
 - Time of administration
 - Possible side effects
 - Dosage and route of administration
 - Termination date of administration
 - Reason for medication
 - Number of tablets sent to school

This authorization can be faxed to the health office of your child’s school.
Fax Numbers: High School (952)442-0679, Clearwater Middle School (952)442-0659, Southview Elementary (952)442-0629, Bayview Elementary (952)442-0609

- **Prescription or non-prescription medication must be in the prescription or over-the-counter labeled container.** The pharmacy will divide medication for home and school into two bottles with proper labels.

- **Parent/Guardian will notify the Health Office of any changes in medication or if it is discontinued.** A written script from the physician will be needed for any changes. This can also be faxed to the appropriate school.
- **The school WILL NOT provide any medications including Aspirin, Tylenol, Ibuprofen, cough drops, Bacitracin (Neosporin), etc., in accordance with Minnesota Department of Health guidelines.**
- **Students will not be allowed to self-administer or carry medications with them unless an exception is made, and a written plan is agreed upon between the licensed school nurse, health associate, parent and physician (if necessary).**
- **District 110 will not administer any “dietary supplements”, herb products, or any other products not regulated by the Food and Drug Administration.** The quality and quantity of their products are free from the scrutiny of a regulatory agency. The labels also do not indicate the action, recommended dosage for age, side effects, interactions, adverse reactions and contraindications.
- Due to the number of students requiring medication to be given at school and out of concern for the safety and well-being of all of our students, District 110 Health Services will follow these guidelines regarding the following medications:
 - Central Nervous System Stimulants (Ritalin, Adderall, Concerta, Focalin, Strattera, etc.)
 - Antipsychotics (Abilify, Risperdal, Haldol, Lithium, etc.)
 - Antidepressants (Lexapro, Paxil, Effexor, Prozac, Cymbalta, Zoloft, Wellbutin, Celexa, etc.)

The parent/guardian is to choose ONE of the following options:

1. An adult will hand carry the medication to the school health office.
2. An adult will call the student’s school health office to alert the School Nurse or Health Associate of the number of tablets that were sent to school with student.

Health Services will count the number of tablets received, store them in a locked cabinet, and administer the correct dosage to the student at the time noted on the, “*Medication Administration and Physician Order*”, sheet.

Please complete reverse side



To be completed by Student

I agree to:

- Follow my health care provider's orders and Emergency Care Plan
- Refill my prescriptions before they expire (or remind my parent/guardian to do so)
- Use correct medication administration technique (demonstrate to nurse)
 - Not allow anyone else to use my medication
 - Keep a current supply of my medication, located: _____
- Check-in with the school nurse: _____ weekly _____ monthly _____ other
- Notify the school nurse or _____ under the following circumstances
 - Questions or concerns regarding medication
 - If I have any symptoms of an allergic reaction

Signature of Student

Date

To be completed by Licensed School Nurse/Health Associate

- This student has demonstrated mastery related to his/her medication and self-carrying skills
- This student needs reinforcement of his/her medication and self carrying-skills
- This student may self-carry/self-administer and should check in with Health Services
_____ weekly _____ monthly _____ daily other _____

Signature of Licensed School Nurse/Health Associate

Date

NOTE: Health Services will assess the student's competencies to self-carry and/or self-administer medication and if there are concerns, will contact the health care provider and parent to discuss further options. If agreement is not reached, the parents may contact the Superintendent of Schools. Permission for self-carry/self-administration may be suspended if the student is unable to follow the above procedure. If there is a disagreement concerning this procedure, the Superintendent of Schools should be contacted.

RETURN TO APPROPRIATE HEALTH OFFICE:

High School

Cindy Van Kirk, LSN
Jodi Anderson, RN
Ph: 952.442.0674
Fax: 952.442.0679

Clearwater Middle

Vicki Sorensen, LPN
Ph: 952.442.0654
Fax: 952.442.0659

Southview Elem.

Whitney Thulin, LPN
Ph: 952.442.0623
Fax: 952.442.0629

Bayview Elem.

Amy Johnson, LPN
Ph: 952.442.0630
Fax: 952.442.0609