

## **Field Trip Procedures**

1. All field trips must be approved by the site administrator in writing using the **Field Trip Authorization** form.
2. **All overnight or out of state field trips must be approved by the school board. Everyone on an overnight field trip must have the Field Trip Insurance, Short-Term (24-hour) Coverage form.** Cost (as of 2019) is \$1.85 per person per day, minimum \$35 for the group as a whole. If the arranger of the trip has funds, they can pay that cost for all student attendees, or the costs can be charged to each student attendee. Chaperones can also purchase the coverage for themselves, but that is optional.
3. A **Checklist for Field Trip** form should be completed prior to each trip.
4. All participating students must have a signed **VOLUNTARY EXCURSION/FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION - Minor** form on file for each specific trip. A multiple trip form is also available (**VOLUNTARY EXCURSION/FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION – Multiple Trips**).
5. All participating non-employee adults must also have a signed **VOLUNTARY EXCURSION/FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION – Adult** form on file.
6. Any student not using the District provided transportation must have a signed **Student Voluntary Transportation Agreement** form on file.
7. On field trips where no district transportation is being provided, all student participants shall complete a **Non-District Transportation Notice**.
8. Risk Management should be advised of any field trips involving non-District transportation arrangements. The District is not in the business of “approving” non-District drivers or vehicles. This is the reason for strict adherence with the use of the **Non-District Transportation Notice** form.
9. Any District employee who drives a non-district vehicle on District business must have a **Personal Vehicle Use** form on file with Risk Management.
10. Chaperones must sign the “Guidelines for Chaperones” (available in this section of the manual).

(updated 2/5/19)

## FIELD TRIP AUTHORIZATION FORM

### **For District-Sponsored Event (Attendance Voluntary)**

*To be completed by requesting teacher and submitted to school administrator for approval* **Check One:**

- ☐ One Day, School Day
- ☐ One Day, Non-School Day
- ☐ \* Overnight Trip of \_\_\_\_\_ Nights
- ☐ \* Out-of-State Trip
- ☐ \* Trip to Foreign Country

*\* Requires Board approval*

Number of Students: \_\_\_\_\_

Educational Benefit/Purpose of trip: \_\_\_\_\_

Destination(s): \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_

Departure Time from MVHS: \_\_\_\_\_ Return Time to MVHS: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Other Adults on Trip: \_\_\_\_\_

Transportation (Please check one): \_\_\_\_\_

- ☐ District or Coach Bus ("Field Trip Transportation Request Form" required)
- ☐ MVHS Van
- ☐ Private Passenger Vehicle ("Non-District Transportation Notice" forms are required)

### Signatures

Person in Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Board of Trustees (if necessary):

Clerk/Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Murrieta Valley Unified School District

**VOLUNTARY EXCURSION/FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION – MINOR**

*To be completed by parent/guardian and collected/maintained by teacher / trip organizer*

Dear Parent/Guardian:

Kindly complete and return this form to \_\_\_\_\_  
(teacher / person in charge of trip)

I hereby authorize (student's name) \_\_\_\_\_ to participate in the following activity:

Description (e.g., "Field trip"): \_\_\_\_\_

Destination: \_\_\_\_\_

Departure date: \_\_\_\_\_ Return date: \_\_\_\_\_

It is extremely important to be aware of any medical condition/problem and/or medications a student is required to take when going on a field trip. Please list any medical conditions and/or medications that we should know about.

Medical Condition/Severe Allergies

Treatment/Limitations

Any student who needs to take medication while on a field trip **MUST** have written permission from both the parent and the physician, as well as provide the medication in the original, labeled container. A staff person must keep the medication with them at all times unless previous arrangements have been made (ie: student has written permission on file to carry medication, such as an asthma inhaler).

**\*\* Have your physician fill out this section ONLY if student needs to take medication during field trip \*\***

Name of Medication	Dose	Time(s) of Administration
Physician Signature	Date	Phone Number

\*If your student already has medication at school that they take on a daily basis, you may contact the Health Office and arrange, **prior to the field trip**, for their medication, along with the permission forms to be sent on the field trip. If you do not contact the Health Office, it will be assumed they will not be taking their medication unless you make other arrangements.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

**As stated in California Education Code Section 35330, I agree to hold Murrieta Valley Unified School District, its officers, agents and employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity.**

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Birth date: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Subscriber's ID #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Murrieta Valley Unified School District**

**VOLUNTARY EXCURSION/FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION - ADULT**

*To be completed by adult (including adult students) and collected/maintained by teacher / trip organizer*

Adult's Name: \_\_\_\_\_

Activity (e.g.: "Field trip"):

Destination: \_\_\_\_\_

Departure date and time: \_\_\_\_\_ Return date and time: \_\_\_\_\_

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

**As stated in California Education Code Section 35330, I agree to hold Murrieta Valley Unified School District, its officers, agents and employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity.**

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in my being sent home at my own expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Subscriber's ID #: \_\_\_\_\_

In the event of illness or accident, please notify:

Name: \_\_\_\_\_ Relation, if any: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any information we should be aware of: \_\_\_\_\_



## SHORT-TERM (24-HOUR), COVERAGE

### ACCIDENT INSURANCE ENROLLMENT FORM FOR THE 2018-2019 SCHOOL YEAR 100% Participation Required

Provides excess accident and emergency sickness medical coverage and accidental death and dismemberment coverage for all of your students participating in school sponsored and supervised activities involving overnight travel and/or periods without direct and immediate school supervision.

Rate is \$1.85/person/calendar day. Coverage consists of the following BASIC and CATASTROPHIC injury benefits.



#### Basic

Accident medical benefits are paid on an excess basis of 100% of Usual, Customary & Reasonable charges up to \$25,000/injury and \$1,000 for Emergency Sickness. Includes benefit for pre-approved Medical Evacuation expenses up to \$25,000 and up to \$10,000 of expenses for Repatriation of Remains to home country. Covered charges for injuries are limited to those incurred within one year from date of first treatment of the injury or sickness. Underwritten by BCS Insurance Company.

#### Catastrophic

Accident medical benefits are subject to a deductible of \$25,000 and are then paid on an excess basis at 100% of Usual, Customary and Reasonable charges up to \$1,000,000 with a ten year benefit period. Includes additional cash assistance of up to \$500,000 (depending upon the severity of the loss) and accidental death benefit of \$25,000. Underwritten by ACE American Insurance Company.

#### Crisis Management Benefit.....\$100,000 Maximum

If a student is killed as a result of criminal violence while participating in a Covered Activity sponsored and supervised by the School or school district, we will pay the Crisis Management Benefit shown in the Schedule of Benefits to the School or school district involved to help them access the counseling and other care they deem is needed by the student body and staff.

#### Cosmetic Disfigurement from Burns Benefit.....\$150,000 Maximum

If, as a result of a Covered Injury, an Insured suffers third or fourth degree burns in one or more areas of the body, benefits will be paid as determined by the formula specified in the policy.

#### Special Adaptation Expense Benefit.....\$75,000 Maximum

If an Insured suffers a "presumptive disability" from a covered Accident and requires a special housing adaptation or a special vehicle to accommodate the disability.

#### Traumatic Brain Deficit Benefit.....\$250,000 Maximum

If an Insured suffers an injury to the brain which 1) occurs, and is diagnosed by a Doctor; 2) results in measurable, neurological deficit persisting for the lesser of at least 12 consecutive months or the time at which maximum recovery has been reached; 3) requires permanent daily personal supervision; and 4) results in the inability of the Insured to perform independently three or more of the following activities of daily living: a) transferring (moving in or out of a bed or chair); b) dressing; c) bathing; d) feeding; e) toileting; or f) continence.

**The policies have complete details of provisions, definitions, limits and exclusions.**

### INSTRUCTIONS - Complete Enrollment Form on Reverse

The fully completed enrollment form and roster of participating students (and coaches/instructors) must be received by us prior to the start date of activities. Otherwise, coverage will begin upon receipt. Premium is due within 10 days of the start of the activity. It is required that all students attending this event are covered, whether they have other insurance or not.

Coverage is optional for parent volunteers and other youth participants. Staff may also be included on an optional basis.

**Mail, fax or email to:** Myers-Stevens & Toohy & Co., Inc. - 26101 Marguerite Parkway Mission Viejo, CA. 92692  
Via Fax - (949) 348-2630 • Via Email - [activities@myers-stevens.com](mailto:activities@myers-stevens.com)

**QUESTIONS??? Call (800) 827-4695**

### Guidelines for Chaperones

Murrieta Valley Unified School District  
41870 McAlby Ct.  
Murrieta, CA 92562  
(951) 696-1600

- All adults on a field trip and interacting with our students are **chaperones and are under the direction of the teacher** who is in charge of the class or group they are accompanying. The teacher will determine the schedule, chaperone group assignment, etc.
- Chaperones may ride on the bus, but must complete a *Field Trip Permission Slip – Adult* version to do so. If they drive themselves in their own vehicle and are transporting their own child to the destination, they must complete a *Student Voluntary Transportation* form.
- Any parent who wishes to allow their child to ride in the personal vehicle of another adult must also complete a *Student Voluntary Transportation* form.
- The rules of the school for children and adult apply on a field trip as they do for the school grounds. Two examples – there is to be no smoking during the hours of the field trip, and there is to be no alcohol available or consumed during the field trip. All school rules are in place and enforced.
- Any incident of misbehavior by a child during a field trip is to be reported to a teacher who will deal with it and make appropriate referrals after the trip.
- All chaperones have the responsibility to intervene in any situation where the health and/or safety of any of the children is at risk.
- Children of chaperones (other than the children in the class scheduled for the field trip) are not allowed to attend the event, as this distracts the chaperone from their primary responsibility of supervising students. Parents who bring their non-student children to the event location may not act as chaperones, and are not considered as participating in the field trip.

**I have read and understood the above expectations for chaperones and agree to abide by them.**

Chaperone Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Non-District Transportation Notice

The undersigned hereby acknowledges and understands that the Murrieta Valley Unified School District does NOT provide transportation to certain activities, and that it is the responsibility of the undersigned to arrange for transportation.

As parent/legal guardian, I hereby authorize and give permission for my child, \_\_\_\_\_, to drive him/herself to the activity, to ride as a passenger in a vehicle driven by \_\_\_\_\_ (name of adult or student), or that I will personally be transporting my child to school sponsored activities when no district transportation is available.

The undersigned acknowledges and understands that the driver is not driving on behalf of or as an agent of the District. Further, the undersigned understands that the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION. ALTHOUGH DISTRICT EMPLOYEES MAY PROVIDE OR ASSIST IN COORDINATING THE TRANSPORTATION AND/OR RECOMMEND TRAVEL TIME, ROUTES, OR CARAVANING TO OR FROM THIS EVENT, I FULLY UNDERSTAND THAT SUCH PROVISIONS OR RECOMMENDATIONS ARE NOT MANDATORY.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Date of field trip

\_\_\_\_\_  
Parent/Guardian Signature of  
Student listed above

\_\_\_\_\_  
Student Driver (if not student above)

\_\_\_\_\_  
Parent/Guardian Signature of student driver

\_\_\_\_\_  
Date

All students not utilizing district transportation must have this document completed and signed by the parent. Teacher coach/advisor should keep originals on hand.

Murrieta Valley Unified School District

**Employee / Volunteer Personal Vehicle Use Form**

Purpose of trip(s): \_\_\_\_\_

Driver Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Driving Restrictions (if any): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

**Note: The above insurance information can be found on the proof of insurance card, which should be available in each insured vehicle. Alternately, you may attach a copy of same.**

I certify that the above information is correct and that the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

\_\_\_\_\_  
Name of Vehicle Driver

\_\_\_\_\_  
Signature of Vehicle Driver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Vehicle Owner

**NOTE:** If you drive your personal vehicle while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

**Department Administrator Approval:**

\_\_\_\_\_  
Name of Dept. Administrator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Murrieta Valley Unified School District

**Student Voluntary Transportation Agreement**

Student Name: \_\_\_\_\_

Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

I understand that the Murrieta Valley Unified School District is providing transportation to and from the above activity. However, I do not wish to avail myself of the transportation provided by the District.

The above student hereby requests permission to provide for his/her own transportation at his/her own expense.

**It is fully understood that the District is in no way responsible, nor does the District assume any liability, for any injuries or losses resulting from this non-District sponsored transportation. Although the District may assist in coordinating transportation and/or recommend travel time, routes, or caravanning to or from this event, I fully understand that such recommendations are not mandatory. Further, the undersigned understands that the District has not verified the driving record of the driver or the mechanical condition of the vehicle in which the student or parent arranges for as transportation.**

**I also understand that the driver of said vehicle is not driving as an agent of or on behalf of the district.**

\_\_\_\_\_  
Student Signature (If student is 18 or over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature  
(If student is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Administrator Signature

\_\_\_\_\_  
Date

MURRIETA VALLEY UNIFIED SCHOOL DISTRICT

PARENT/GUARDIAN CONSENT FOR STUDENT TO BE TRANSPORTED IN  
PRIVATE VEHICLE

Dear Parent:

Exceptional circumstances merit the use of Private Vehicles rather than District vehicles for the following Field Trip/Activity:

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Destination: \_\_\_\_\_ Departure Date/Time: \_\_\_\_\_

Return Date/Time: \_\_\_\_\_ Date(s) of Trip/Activity: \_\_\_\_\_

Private Vehicle Driven by: \_\_\_\_\_  
☐ Employee ☐ Parent ☐ Volunteer

Faculty Member in Charge: \_\_\_\_\_ School: \_\_\_\_\_

The Field Trip/Activity is optional and voluntary. Students may not be transported in a private vehicle without the consent of the Parent or Guardian.

I understand that my student will be a passenger in a private vehicle, and hereby give my permission for that transportation to take place. I understand that the Murrieta Valley Unified School District does not inspect or certify the mechanical soundness of the private vehicle.

As stated in California Education Code §35330, I understand that I hold the Murrieta Valley Unified School District, it's officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my student's participation in this field trip/activity.

Please sign below indicating that you consent to have your child transported in a Private Vehicle for the Field Trip/Activity listed above.

_____	_____	_____
Parent/guardian signature	Relation to Student	Date
_____	_____	_____
Student's signature		Date
_____	_____	_____
Address	City	
_____	_____	_____
Home Phone	Cell Phone	

Distribute copy to parent transporting student or students and keep original at School Site.

03/27/2017