



Tobin K-8 Day Field Trip Request Form
Parker Hill Library and Tobin Community Center only
SY'2019-2020

(This form is submitted to the Principal/Headmaster and is kept on file in the school office.)

School: TOBIN K-8 SCHOOL Responsibility Center #4570 Date Submitted _____

Lead Chaperone/Trip Organizer: _____

Phone: 617-635-8393 | _____ Email: _____

Field Trip Category: _____

Overview of Trip (Purpose): _____

Site(s) to be Visited: PARKER HILL LIBRARY (closed SY'2019) COMMUNITY CENTER

Address: _____

Site Contact Person: _____

Site Telephone Number: _____ Email: _____

Pick-up Location: _____

Date of Trip: _____ Departure Time: _____ Time Back at School: _____

Number of Students: _____ Number of Chaperones: _____

(Supervision: maximum ratio, K-5, 10:1; 5 - 12, 15:1)

Method of Transportation: _____

Privately owned vehicles, vehicles from non-approved vendors, or leased vehicles are not to be utilized to transport students to and from field trips, except in the case of a bona fide emergency. Staff who utilize their own vehicles risk being legally liable.

Please refer to TRN-3 for information and regulations regarding field trip transportation.

Total Cost \$ _____ Funding Source _____ Grant Number _____

BEDF Account Code/Description. _____ / _____

Approved by: _____

Principal/Headmaster

Date

TOBIN K-8 Parental Authorization for Day Field Trip

Parker Hill Library and Tobin Community Center only

Directions:

BPS Staff:

- 1) Use one form per trip.
- 2) Complete the School Portion of form.
- 3) Duplicate one form per student.
- 4) Send a copy home for parent and student signatures.
- 5) During the field trip, the signed, original form must be carried by the lead chaperone, copies by all other chaperones and a photocopy must be left on file in the school office.

Students:

- 1) Complete the "Student Agreement" section.

Parent / legal guardian, if student is under 18 years of age, or student, if at least 18 years old:

- 1) Complete the "Authorization & Acknowledgement of Risks" section.
- 2) Complete the "Medical Authorization" section.

TO BE COMPLETED BY THE SCHOOL	School Name: TOBIN K-8	Student Name:
	Date(s) of Trip: SY'2019-2020 Sept 5, 2019 – June 2020	Destination: <input type="checkbox"/> PARKER HILL LIBRARY <input type="checkbox"/> TOBIN COMMUNITY CENTER
	Purpose(s):	
	List of Activities:	
	Supervision: (Check One) <input type="checkbox"/> Students will be directly supervised by adult chaperones on this trip at all times. <input type="checkbox"/> Students will be directly supervised by adult chaperones on this trip with the following exceptions:	
	Mode of Transportation: (Check all that apply.) <input type="checkbox"/> walking <input type="checkbox"/> school bus <input type="checkbox"/> MBTA <input type="checkbox"/> Other _____	
	Students will leave from: _____ at _____. (where) (time)	
	Students will return to: _____ at about _____. (where) (time)	
	Chaperone(s) in Charge: _____	
	Chaperone/Student Ratio: _____ (max. ratio for K-5, 10:1; max. ratio for Grades 5+, 15:1)	

STUDENT AGREEMENT

While participating in this field trip, I understand I will be a representative of BPS and my community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by school based rules and the Boston Public Schools' Code of Conduct.

Student Signature

Date

TO BE COMPLETED BY THE STUDENT

AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I understand that my/my child's participation in this field trip is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the field trip (on the front page of this form) and authorize myself/my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my/my child's participation in this field trip, including any acts of negligence or otherwise from the moment that my student is under BPS supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless BPS and any of the individuals and other organizations associated with BPS in this field trip from any claim or liability arising out of my/my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Boston Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that BPS is not responsible for my/my child's supervision during such periods of time when I/my child may be absent from a BPS supervised activity. Such occasions are noted in the "Supervision" section in this agreement.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the BPS Code of Conduct, and to abide by all decisions made by teachers, staff, and those in authority. I agree that BPS has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this field trip may at any time be terminated by BPS in the light of my/my child's failure to follow these regulations, or for any reason which BPS may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

MEDICAL AUTHORIZATION

I certify that I am/my child is in good physical and mental health and I have/my child has no special medical or physical conditions which would impede participation in this field trip.

I agree to disclose to BPS any medications and/or prescriptions which I/my child shall or should take at any time during the duration of the field trip.

In the event of serious illness or injury to my child/ward, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, I authorize the chaperones listed to act on my behalf as parent/guardian of my child/ward while participating in the above described trip including the admittance to and release from a medical facility.

___ My child **DOES NOT** require medication during this trip.

___ My child **DOES** require medication during this authorized trip.

If you checked yes, please describe in the space below the type of medication and the required administration of this medication. If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

If the applicant is at least 18 years of age, the following statement must be read and signed by the student:

I certify that I am at least 18 years of age, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions.

Student Signature

Date

If the applicant is under 18 years of age, the following statement must be read and signed by the student's parent or legal guardian:

I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: _____ to participate in all aspects of this trip.
(student)

Parent/Guardian Signature/s

Date

The student, if at least 18 years of age, or the parent/legal guardian must complete the information below:

Print Parent/Guardian/s First and Last Name/s: _____

Address: _____

Telephone: (Cell) _____ (Home) _____ (Work) _____

Emergency Contact's First and Last Name (other than parent/guardians): _____

Relationship to Student: _____

Emergency Contact's Telephone #s: _____

TO BE COMPLETED BY THE PARENT/GUARDIAN OR STUDENT



EMERGENCY ACTION PLAN (EAP)

Procedures for Calling 911 on a Field Trip

Do Not Leave the Injured Person Alone or Without an Adult Present

1. **REMAIN CALM.** This helps the operator receive your information.
2. **DIAL 911.** Remember you may need to access an outside line first.
3. My name is _____ . "I am a (your role) in the Boston Public Schools."
4. I need paramedics now.
5. My exact address is _____ .
6. There is a person with a _____ (type/location of injury) _____ injury.
7. The person's name is _____ and he/she is _____ years old.
8. The person is located at _____ which is on the _____ (North/South/East/West) _____ side of the facility.
9. I am calling from _____ (telephone number) _____ .
10. _____ (Name) _____ will meet the ambulance.
11. Don't hang up. Ask for the information to be repeated back to you and answer any questions the dispatcher may have. Hang up the phone when all of the information is correct and verified.
12. Wait until the dispatcher hangs up first and wait with person until EMS arrives.
13. Paramedics will take over care of the person when they arrive. A chaperone must accompany any injured student in the ambulance and remain with the student until the parent/guardian arrives.
14. Call parent/guardian, principal/headmaster, the Superintendent's Office, and Department of Safety Services regarding incident immediately. File an Incident Report.

Principal/Headmaster Phone Numbers:

Superintendent's Office: (617) 635- 9050

Department of Safety Services: (617) 635-8000

Additional Phone Numbers: