

INSTRUCTIONAL RESOURCES:
FIELD TRIPS

EFD
(EXHIBIT)

See the following pages for forms relating to field trips:

Exhibit A: Request for Field Trip Approval - 1 page

Exhibit B: Notice to Parents of Planned Field Trip - 1 page

Exhibit C: Acknowledgement of Responsibility and Permission for Student Participation in Field Trip - 1 page

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EXHIBIT A

REQUEST FOR FIELD TRIP APPROVAL

Date of field trip _____

Date of request _____

Destination of field trip _____

Instructional purpose of field trip and its relationship to the curriculum

Teacher/Sponsor (and organization) _____

Number of students _____ Number of adults _____

Departure time _____ a.m. or p.m. (circle one)

Return time _____ a.m. or p.m. (circle one)

Signature of teacher/sponsor _____

Approved _____ Disapproved _____ _____ Principal

Approved _____ Disapproved _____ _____ Central office (if applicable)

EXHIBIT B

NOTICE TO PARENTS OF PLANNED FIELD TRIP

Our class has been studying _____. On _____, the class plans to take a field trip to _____ for the purpose of _____. We plan to leave at _____ and return by _____. A school bus will be used for transportation. The suggested clothes for this trip are _____. Students should bring (a sack lunch) or (money for lunch in the amount of \$_____).

In order for your child to go on the field trip, written parent permission is required, and an emergency medical treatment form must be on file at the school. Student safety is a high priority; however, since under state law the school is not responsible for medical costs associated with a student injury, the school requests that you complete and return the attached ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN FIELD TRIP.

Teacher _____

Date _____

EXHIBIT C

ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR
STUDENT PARTICIPATION IN FIELD TRIP

I, _____ (parent), agree to allow my child,
_____ (child's name), to attend the field trip to
_____ on _____. I understand that
while student safety is a high priority for the District, under state law, the school is not responsible for
medical costs associated with a student injury.

I expressly waive all claims for medical expenses, loss of services, or other claims, and I agree to
indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made
against it or them on behalf of my child.

I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims
made by third parties against it or them that result from my child's actions on the trip.

I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or
governmental immunity that it or they have under Texas law.

I have read and understood this release and sign it voluntarily and with full knowledge of its significance.

Parent _____

Date _____

Daytime phone number _____

I (will) (will not) be available to participate in this field trip as a chaperone.

Note: The sponsors of any field trip should take with them copies of each student's Authorization to
Secure Emergency Medical Treatment. [See FFAC(EXHIBIT)]

EXHIBIT D

FIELD TRIP TRANSPORTATION REQUEST

Class/Organization _____

Number of students participating _____

Destination _____

Departure date/time _____ a.m. or p.m. (circle one)

Return date/time _____ a.m. or p.m. (circle one)

Method of transportation requested _____

Teacher/Sponsor signature _____

Date of request _____

Approved _____ Disapproved _____ _____ Principal

Approved _____ Disapproved _____ _____ Central office (if applicable)

TO BE USED BY THE TRANSPORTATION DEPARTMENT:

Bus assigned _____ Beginning reading _____

Driver assigned _____ Ending reading _____

Rate/hour _____ Total mileage _____

Remarks:

EXHIBIT E

REQUEST FOR ALTERNATE MEANS OF TRAVEL FOR FIELD TRIP

My child, _____ (name), needs to travel to and/or return
from _____ (destination of trip) with me by
_____ (car, other) at _____ (departure time).

The reason for this alternate means of travel is _____
_____.

I hereby release and hold harmless the Pecos-Barstow-Toyah ISD and its Trustees, employees, and
agents from any and all liability in connection with this alternate means of travel for this school field trip.

Parent signature _____

Date _____

Approved _____

Disapproved _____

Principal signature _____

Date _____