

TRIP PLAN

A DETAILED ITINERARY MUST BE GIVEN TO THE PRINCIPAL AND ATTACHED TO THIS FORM

1. School: _____ Class(es) _____
2. Destination: No change permitted without new consent form and authorization

3. Purpose of Trip: _____
4. Date(s) of Trip: _____
5. Time of Departure: _____ 6. Time of Return _____
7. No. of Pupils to be Taken: _____ 8. No. of Teachers: _____ No. of Other Adults: _____
9. Transportation Required:
Public _____ Name of Charter Bus Co. _____ Other _____
10. Departure Information (location and carrier): _____
11. Return Trip Information (location and carrier): _____
12. Free Transportation Passes Requested Yes _____ No _____
13. _____ Approved: _____
Teacher-in-Charge Principal
14. Name & Contact Information for Person/Company Who Arranged Travel Plans:

15. Food and Lodging will be Provided by: _____
16. Address & Phone No. of Lodging _____
17. Has the school determined that the facility has adequate insurance consistent with the level of risk involved (e.g., sedentary trip as opposed to outdoor, physically active trip)?
Yes _____ No _____ If yes, attach a copy of the policy.
18. If swimming is involved, the school has determined that a lifeguard will be on duty at all times when students are in the water. Yes _____

OUT-OF-COUNTRY TRIPS

- A. Are there any current travel warnings or advisories issued by the State Department? (www.cdc.gov; www.travel.state.gov) YES _____ NO _____
If yes, please explain: _____
- B. Have you purchased Medical Insurance for each day of an out-of-country trip?
YES _____ NO _____ (attach copy of policy.)
- C. Is medical preclearance required? YES _____ NO _____
If YES, attach a copy of the medical form for each student.
- D. Does each student and staff member have the appropriate documentation necessary for travel to the country/countries being visited and for return to the United States? YES _____ NO _____
- E. Copies of all students' passports shall be maintained by the Trip Coordinator.
- F. At least one staff member accompanying the students must have a phone with international service.
Name of staff member: _____
Telephone number: _____

I CERTIFY THAT ALL REQUIREMENTS OF CHANCELLOR'S REGULATION A-670 THAT RELATE TO THIS TRIP HAVE BEEN FULFILLED.

19. APPROVED _____ DATE _____
Principal
20. APPROVED* _____ DATE _____
Superintendent

* The appropriate Superintendent must approve international trips. If there are travel advisories for the country/countries the students will be visiting, the Superintendent must consult with the Chancellor or the Chancellor's designee prior to making a determination whether to approve the trip.

The following information must be completed PRIOR TO trip approval by Mr. Milczewski

Name of Chaperone (Teacher-in-Charge must include cell phone number)	Cell Phone Number	Title	Department	Assistant Principal's Approval*

*Subject Area Assistant Principals must approve each chaperone.

The following protocol is in effect:

- OP 201's (pink forms) & google link for time off, must be submitted to Mr. Nepal's office, room 140.
- Trip plan must be submitted to Mr. Finkelstein's office in 118. Trip documentation must be attached and it must be signed.
- Once approved, your name will be written in "THE BOOK" that is located in the main office. You must write the periods that you need covered in the book.
- Copies of student declaration's (A-670; Attachment No. 2) MUST accompany the trip plan submitted to AP Finkelstein's office (room 118) three weeks prior to the date of the trip.
- Self-release trips are not permitted under any circumstances.
- Any trip that is approved after 3:38PM must have a Lead Chaperone that is approved by the Department Assistant Principal. The Lead Chaperone is expected to remain with students until the final student is picked up by a Parent or Guardian. The Lead Chaperone will be paid per session rate for any trip that concludes after 3:38PM.
- If you plan on photographing or filming any student, please make sure a Consent to Photograph form has been returned for each student.
- In accordance with Chancellor's Regulation C-105, chaperone's must be DOE employees, parents or legal guardians of students, but not graduates or former students.
- A hard copy of attendance (student names with ID numbers) must be brought to room 118 and the attendance office, room 104 prior to leaving school grounds.
- Hillcrest High School will no longer be providing "Certificates of Transportation" for Field Trips. Please include the cost of travel in the price of the trip.
- Only one trip will be approved per day.
- All trips must conclude by 6:00 PM
- Overnight trips will be approved on a case by case basis.
- Trips are considered an extension of classes, both in person and virtual, and will be approved on a case by case basis following all protocols.

NOTE: Additional trip information may be attached to this form based upon the unique circumstances of a particular trip. All other modifications require approval of the Office of Legal Services.

PARENT NOTIFICATION/CONSENT FORM

DAY TRIP

Name: _____ Class: _____

School (list additional trip sponsors when applicable): _____ Trip Date: ____/____/____

Trip Coordinator: _____

Destination: _____

Departure Site: _____ Departure Time: _____

Return Site: _____ Return Time: _____

Mode of Transportation: _____

Purpose of Trip: _____

Specific Clothing/Equipment Required for this Trip: _____

This trip will include the following physical and sports activities (e.g., swimming, horseback riding, ice skating, skiing, boating, etc.): _____

- a) I understand that there are risks of injury associated with the above-listed physical and sports activities and I consent to my child's participation in all these activities except for the following:

- b) Please indicate below any permanent or temporary medical or other condition, including special dietary and medication needs, or the need for visual or auditory aids, which should be known about your child:

- c) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.

- d) I understand that my child is expected to behave responsibly and to follow the school's discipline code and policies.

- e) I agree and understand that I am responsible for the actions of my child. I release the school from all claims and liability that arise in connection with the trip, except if due to the negligence of school officials.
- f) I understand that I am responsible for getting my child to and from the departure and return sites identified above. I understand that my child shall be accompanied by staff member(s) during the trip, including while traveling from the departure site to the destination site, and from the destination site to the return site.
- g) I understand that alcoholic beverages and/or illegal drugs are prohibited and have discussed this prohibition with my child. I understand that if my child is found in possession of these substances, he/she will be subject to school disciplinary procedures and possible criminal prosecution.
- h) I understand that students who violate the school's discipline code may be excluded in the future by the school from participating in a trip.
- i) In an emergency I can be reached at: Day: () _____ Evening: () _____
Additional Contact: Name: _____ Day: () _____ Evening: () _____
- j) I give my permission for my child to participate in this school trip.

(Signature of Parent/Guardian)

(Date)

* Please note that your child may be marked absent until the attendance is overturned.

STUDENT DECLARATION

(to be signed by Middle School and High School students)

I have read this form and I understand that I am to act on this trip in the same responsible manner in which I am expected to conduct myself in school.

(Student Name – Print)

(Student ID #)

(Student Signature)

(Date)