



FIELD TRIP AUTHORIZATION FORM

Requests must be submitted to your campus Principal at least 8 weeks prior to the date of the proposed field trip. A copy of the Principal-approved request form must be submitted to the Central Administration Office for final Director of Program approval no less than 4 weeks prior to the field trip date. Teachers are encouraged to provide additional printed information relative to the field trip destination whenever available. Trips are always conditionally approved contingent upon a confirmed list of field trip drivers being provided to the Principal no later than 1 week prior to the trip date. The Director of Program may describe other contingencies as necessary.

Teacher Name: Robert Thomas Date: 5/22/2015 Grade(s): 7&8

Classroom: Middle School Campus: Shingle Springs

Destination of Proposed Field Trip: Ashland, Oregon (Southern Oregon University)

Address: 1250 Siskiyou Boulevard, Ashland, Oregon 97520

Addie Eastman 866-545-6337
(Contact Name) (Contact Phone #)

Cost per Student: \$ 165.00 Date(s) of Proposed Field Trip: April 6, 7, 8, 2016

Departure from Campus Time: 8:00AM Return to Campus Time: 6:00PM

Date first payment needs to be made to vendor: Deposit not paid yet (\$1,395)

Date of Parent Chaperone Meeting: To Be Determined

The field trip is: ☐ walking class trip ☐ local/day trip ☒ over night: 2 # nights ☒ out-of-state*
*Out-of-state field trips must be pre-approved by the Governing Board prior to booking. Please contact the Central Administration Office to learn more about the Governing Board meeting schedule.

Title/Description of Field Trip: (Note that walking class trips may be requested as a "standing approval" for events such as regular park outings, monthly library trips, etc. If requesting a "standing approval", please indicate all proposed dates of participation on one request form)

Students will attend three plays, at least two workshops, and two play prologues.

The group will stay at the Southern Oregon University dorm-style housing.

How will this field trip support the students' learning and how does it tie into the curriculum?

Students will study performing arts, specifically Shakespeare. Students will produce two plays
after returning from the trip.

Projected # of students participating: 75 Projected # of students not participating: 0

Projected student participation rate: 100 %

Comments about student participation rate: We plan to have 100% of the students participating.

What is the alternative on-campus placement plan for students who will not be attending this field trip and how has this been communicated to parents? (If a substitute teacher is required for alternative on-campus placement, this cost must be factored into the total field trip cost.)

If a student is unable to participate, they will have classwork provided to them designed around

Shakespeare studies, play script analysis and other performing arts studies.

Adults to Student Ratio:

Tk/K - 3rd: # of Adults _____ per # of Students _____ (guideline is 1 Adult per 4 Students)

4th - 6th: # of Adults _____ per # of Students _____ (guideline is 1 Adult per 5 Students)

7th - 8th: # of Adults 1 per # of Students 4 (guideline is 1 Adult per 7 Students)

Fundraising Plans to Offset Cost: Parent sponsored activities. Student-run businesses.

How will transportation be provided? Parent Drivers

Will the students engage in high-risk activities (i.e. ropes course, kayaking, etc.)? Check one: ☐ Yes ☒ No
If Yes:

- Please list activities _____
- Complete and Attach the Philadelphia Insurance Companies Special Event Questionnaire ☒
- Attach a venue flyer and/or description of event ☒
- Note: Parent/Guardian must sign a CMP Release of Liability in addition to the FT Permission Form.

Is venue requesting a Certificate of Insurance? Check one: ☐ Yes ☒ No

If Yes:

- Include a copy of the contract outlining their insurance requirements. ☐
- Note: You may need to request a copy of the venue's Certificate of Insurance as well and provide a copy to Central Admin. ☐

Please fill out and attach the Field Trip Emergency Plan with this Authorization Form ☒

Approval Process:

1. **Principal's Pre-Approval Required for Field Trip:** Check one: ☒ Approved ☐ Denied

Kim Zawilski
Principal Signature

5/26/15
Date

2. **Central Admin AA Review:** Initials: CPA

Date: 5/27/15

3. **Student Services Coordinator Review:** Check one:

☒ Approved ☐ Denied

James Hault
Student Services Coordinator Signature

5/27/15
Date

4. **Director of Program Approval Required for Field Trip:** Check one: ☒ Approved ☐ Denied

Michael Stanbrook
Director of Program Signature

5/27/2015
Date

Contingent upon: _____

5. **Board Approval Required for Out-of-State Field Trip:** Check one: ☐ Approved ☐ Denied

Governing Board Chairman Signature or Designee

Date



Campus: Shingle Springs

Date(s) of Field Trip April 6, 7, 8, 2016

Field Trip Emergency Plan

(Please fill out and include with Field Trip Authorization Form)

Teacher Name: Robert Thomas Classroom: Middle School

Destination of Field Trip: Ashland Oregon Shakespeare Festival

Contact Name and Phone Number: SOU Staff 866-545-6337

Emergency CMP Contact #1: Bob Thomas 530-558-5391 #2 Natasha Raffety 530-903-6855
Name & Phone Number Name & Phone Number

Teacher responsible for making decisions regarding emergencies: Robert Thomas

This person is also responsible for making sure of the following:

- ✓ All emergency information is present and available
- ✓ Sufficient first aid kits are available to serve all participating students
- ✓ The responsible teacher has a functioning cell phone with number shared with other teachers and parent chaperones
- ✓ All safety protocols specific to this field trip are clearly communicated to the other participating teachers and parent chaperones

Emergency Procedures:

If ever there is a life threatening event or if the safety of the participants is jeopardized always call 911.

What is the plan if a student gets ill/injured during the trip? _____

Lead teacher (Robert Thomas) will be notified. Student's parents will be contacted immediately. Decisions will then be made between Robert Thomas and Student's parents regarding the next actions step.

What is the plan if a parent chaperone gets ill/injured during the trip? _____

There will be a higher parent to student ration (1:4 rather than 1:7) than is mandated.
Any ill or injured chaperones will be taken out of supervisory duty and students will be divided among the remaining chaperones.



What is the plan if an individual or group of students exhibit behavioral problems and need to be isolated from the group or sent home? _____

The first strategy is to offer student(s) behavioral recovery opportunities. A parent chaperone (or teacher) may be used to supervise isolated student(s). A parent chaperone may also be used to transport students back to campus should that (last resort) prove to be necessary.

What is the plan if a student or parent needs to go to the hospital? _____

Injured students requiring medical attention may be transported to the Ashland Community Hospital 280 Maple Street, Ashland, OR. The transporting chaperone will be accompanied by one of the teachers.

What is the plan if a student gets lost during this trip? _____

All students will be in small groups, 4-6 for each chaperone. Should a separation occur, chaperones are advised to contact the lead teacher, Robert Thomas, and immediately conduct a search for the student.

Should it be necessary to inform authorities, the Ashland Police Dept may be contacted: 541-488-2211

What are the potential safety hazards specific to this trip? _____

Vehicle to vehicle or vehicle to student are the only foreseeable hazards for this trip.

What plans could be put into place to make sure these situations are handled to the best of our ability? _____

Driver screening as per CMP guidelines insures the driver pool is reliable. Driver expectations detailed during parent chaperone/driver meetings will provide the information drivers need to be as safe as possible.

What is the plan if a parent chaperone is making choices which are jeopardizing the safety of the students? _____

Parents will be talked with immediately. Parent chaperones are informed of the expectations and consequences, in no uncertain terms, during chaperone pre-trip meetings. Consequences will be enforced in a case-by-case manner for offenders by Robert Thomas. Parents will be constantly monitored to be proactive.

PHILADELPHIA INSURANCE COMPANIES

SPECIAL EVENT QUESTIONNAIRE

Revised for CMP for High Risk & Overnight Field Trips

Campus Shingle
Springs

1. Name of your organization: California Montessori Project
Policy No. or Account No.:
2. Teacher Name: Robert Thomas Classroom Name: Middle School
Grade/s: 7 and 8 Ages range: 11 - 14
3. Destination of Proposed Field Trip: Ashland Oregon Shakespeare Festival (lodging at SOU)
Address: 1250 Siskiyou Boulevard, Ashland, Oregon 97520
Contact Name: Addie Eastman Contact Phone #: 866-545-6337
Dates of Proposed Trip: April 6, 7, 8, 2016 Cost per Student: \$165.00
Departure time from Campus: 8:00AM Return to Campus time: 6:00PM
4. Description, Type of event: Shakespeare plays, Theater workshops
Activities (details- please include a flyer, brochure, etc.): _____

5. Number of anticipated Students attending this event: 75
Number of anticipated Employees attending this event: 4
Number of anticipated Parent Chaperones attending this event: 14
6. Are lifeguards on duty? Yes No X Not Applicable (If Yes complete the following)
Are they hired by Insured Place event is being held
Is the lifeguard/s certified? Yes No CPR trained? Yes No
Certificate received by insured? Yes No
7. Are sports activities being played? Yes X No Not Applicable (If Yes complete the following)
Which sport/s? _____
Are participants required to sign a waiver? Yes No
Do participants have to show proof of personal health insurance? Yes No
Are safeguards in place to prevent injury to spectators? Yes No
8. Will you sell or serve food? Yes X No Not Applicable
Catered? Yes No (If Yes complete the following)
Are they hired by: Insured Place event is being held?
Certificate received by insured? Yes No
9. Organizations or agencies which will need to be named as Certificate Holder and/or additional insured (such as City or County or building owner) _____
Address of Certificate Holder _____
Do we need to provide a certificate of insurance? Yes X No
Are you sure the Certificate holder needs to be named as an Additional Insured? Yes No
If so, give date by which certificate must reach this organization _____
10. Note: No alcohol is to be served on Field Trip Events

Signed by: _____ Date: _____

California Montessori Project
Field Trip Permission Slip & Emergency Information
Due with Specified Payment by February 1, 2016

Payment:

Date: _____
Cash: \$ _____
Check # _____
Verified: _____
Coordinator's initials _____

Classroom Shingle Springs Middle School Field Trip Destination Ashland Oregon Shakespeare Festival
Date: April 6, 7, 8, 2016 Departure Time 8:00am Return Time 8:00pm Lunch: _____ (Pack a disposable lunch & water bottle)

Cost per Student*: \$ _____ Cost per adult: \$ _____
*CMP Policy provides that no student shall be excluded from a field trip for financial reasons.

Please Note: Siblings are not permitted on CMP Field Trips except in extenuating circumstances and parents are required to have at least 2 weeks prior approval. Siblings enrolled in CMP are expected to be in attendance in their own classrooms.

Student Information: My child, _____, ☐ does / ☐ does not have my permission to participate in the field trip listed above and to be transported by a CMP parent volunteer driver.

_____ My child requires a car booster seat! (required for child until 8 years old or 4'9" in height) Parents to leave seat with teacher.

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

Home #: _____ Work #: _____ Cell #: _____

Volunteer and/or Driver Participation:

_____ Yes, I, (driver name) _____ would like to drive on the field trip, and can accommodate _____ children, including my own child, in my car with seat belts and car seats if necessary.*

I have been cleared by the school office to drive on fieldtrips by attending "7 Habits of Highly Effective Volunteers" and by submitting my Live Scan, TB test results, driving report, proof of insurance, driver's license and vehicle registration and am 25 years of age or older.

_____ Yes, I, (chaperone name) _____ would like to volunteer on the field trip.*

I have been cleared by the school office to volunteer on fieldtrips by attending "7 Habits of Highly Effective Volunteers" and by submitting my Live Scan and TB test results and am 21 years of age or older.

_____ No, I am not able to participate on this field trip.

**I understand there may be more volunteers and/or drivers than are allowed on the field trip and I will be notified if I will be driving or participating.*

AUTHORIZATION TO TREAT MINOR: In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff or designated parent supervisor to secure proper treatment for my child. 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 judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

Parent Signature: _____ Date: _____

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the school, district, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion (Education Code Section 35330)

EMERGENCY INFORMATION: MUST BE COMPLETED to accompany your child's chaperone/driver

Print Name(s) of Parent/Guardian: _____

Parent/Guardian Work Phone: _____ Pager/Cell Phones: _____

Additional Emergency Contact Person/Relationship: _____

Phone Number(s): _____

Additional Emergency Contact Person/Relationship: _____

Phone Number(s): _____

Physician/Health Insurance Name: _____

Policy Number: _____ Phone: _____

Student's Critical Medical Needs/Allergies/Conditions: _____

We're on our way to Ashland!



DETAILS *(preliminary agenda – very preliminary!)*

- Depart: Wednesday, 4/6/2016 at 8:00AM
- Return: Friday 4/8/2016 at approx. 6:00PM

Lodging destination:

- Southern Oregon University: 1250 Siskiyou Blvd | Ashland, OR 97520
 - Cox Hall Conference Office (541) 552-6375
 - Breakfast and Lunch dining accommodations at the SOU dining hall.
 - SOU provides all bedding (pillows, sheets, blankets) and towels.

ITINERARY

Wednesday, April 6:

- Drive to Ashland – lunch on the road (sack lunch)
- Check into lodging at SOU
- Theater Workshop at SOU
- Play Prologue TBD
- Evening Play: TBD

Thursday, April 7:

- Morning activity
- Play Prologue TBD
- Afternoon Play: TBD
- Evening Play: TBD

Friday, April 8:

- Pack cars in preparation to head home
 - Theater workshops at SOU
 - Drive home – Lunch on the road
-