

## FIELD TRIP: EVALUATION FOR APPROVAL FORM

## TO BE COMPLETED BY THE STAFF MEMBER REQUESTING APPROVAL

Sch	bool Site:     Date:
Sta	ff Member/s Requesting Approval:
Da	te/s of proposed trip: Name of proposed trip:
1.	Nature of the trip/activity?
2.	Purpose of the trip/activity?
3.	What educational value does the trip/activity offer?
4.	How does the trip/activity fall within the district guidelines for sponsorship?
5.	How many students will participate? Grade Level?
6.	How many chaperones will be used? Staff Members?Parent Volunteers?
7.	What types of student involvement will be included in the trip/activity?
8.	What are the hazards and exposures inherent in the trip/activity?
9.	How will transportation be managed?
10.	What types of communication with parents/students/staff will be used?
11.	What will the total cost for the trip/activity be? Cost per student:
12.	How will the costs for the trip/activity be covered?

## TO BE COMPLETED BY THE ADMINISTRATOR EVALUATING THE APPROVAL

## Consult pages 3-5 of the Field Trip Risk Management Guidelines

Step 1: Determine if the trip/activity is well planned and make sense (pge 3)

Step 2: Determine if the trip meets District requirements and additional considerations (pages 4-5). At a minimum, the following guideline requirements should be met:

a) Is the trip/activity covered by the school district's insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, how will

it be insured? \_\_\_\_\_ Could a less risky trip be substituted? Yes \_\_\_\_ No \_\_\_\_

b) Does the trip/activity need Board/Superintendent approval? Yes \_\_\_\_ No \_\_\_\_ Rec'd: \_\_\_\_

e) Does the transportation comply with Board Policy? Yes \_\_\_\_\_ No \_\_\_\_\_

c) Are the permission and transportation forms adequate? Yes \_\_\_\_\_ No \_\_\_\_\_

d) Has a Field Trip Emergency Plan been submitted with this request? Yes \_\_\_\_\_ No \_\_\_\_\_

Approval Signature: Date:

Denial Signature or Referred To:

(Field Trip Approval Form2010)