



Field Trip Timeline, Checklist & Forms

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FIELD TRIP TIMELINE / CHECKLIST

(✓ and indicate date when completed)

- Read School Field Trip Manual Date _____

- Completed and submitted appropriate **Field Trip Form** (In-State Day Field Trip Form, Out-of-State Day Field Trip Form, Overnight Field Trip Form) with all required information for review and approval within the designated timeline. (See *Timeline* chart below.) Date _____

- Had School Nurse review field trip medical needs; obtained signature from School Nurse on appropriate **Field Trip Form**. Date _____

- Received copy of approved **Field Trip Form** with all required signatures. Date _____

- Obtained completed and signed **Field Trip Permission Slips** from all students. Date _____

- Obtained completed and signed **Medical/Medication Information and Permission Form** from all students. (*Required for all Overnight Trips*) Date _____

- Provided all parents/guardians written notification of field trip details. Date _____

School Field Trip Timeline

Type of Field Trip	Submit to Principal/Administrator for Approval	Submit to Asst. Superintendent, CIA for Approval	Have School Nurse Review for Medical Needs/Obtain School Nurse Signature
In-State Day Field Trip	At least 3 weeks prior to field trip	At least 3 weeks prior to field trip	At least 72 hours prior to field trip
Out-of-State Day Field Trip	At least 6 weeks prior to field trip	At least 6 weeks prior to field trip	At least 30 days prior to field trip
Overnight Field Trip	At least 6 weeks prior to field trip	At least 6 weeks prior to field trip	At least 30 days prior to field trip

Field Trip Approval Criteria

The table below lists the terms used for trips of various types and the approval required. Note that out-of-state travel requires School Committee approval regardless of the trip length. In no case will a trip exceeding five school days be approved.

Trip Length		Principal/ Dept. Head	Sup't./ Designee	SC
Day Trip –takes place during school day hours, or during regular program hours.	Academic	X	X	
	Non-Academic	X	X	
Extended Day Trip –extending beyond the school or program day but returning prior to midnight.	Academic	X	X	
	Non-Academic	X	X	
Overnight Trip –involves overnight travel and/or an overnight stay.	Academic	X	X	X
	Non-Academic	X	X	X
Out-of-State Trip – involves travel outside of Massachusetts, whether a day trip or an overnight trip.	Academic	X	X	X
	Non-Academic	X	X	X
International Trip –outside of the United States.	Academic	X	X	X
	Non-Academic	X	X	X

APPROVAL DOCUMENTATION – for ALL school-related field trips

- The appropriate **Field Trip Form** (In-State Day Field Trip, Out-of-State Day Field Trip, Overnight Field Trip) must be submitted for field trip approval by the appropriate authority as specified in this procedural manual within the required timeline in order for the field trip to receive consideration for approval. All forms required for field trip approval must be completely filled out. All requested information must be provided in writing.
- Satisfactory Criminal Offender Record Information (CORI) check of all chaperones is required and a current CORI must be on file in the Superintendent’s Office. All chaperones must be listed on the **Field Trip Form** and updated when chaperones change.

Additional Documentation Requirements for Overnight/International Field Trips

In addition to the information requested on the appropriate **Field Trip Form**, Overnight/International trip organizers must also provide the following information:

- Description of arrangements for meals and lodging.
- Description of security features for transportation and accommodations.
- Draft copy of any contract and refund policies associated with the trip.
- Draft copy of the letters or notices to be sent to parents and guardians referencing the specifics of the trip including all of the above and any rules specific to the trip which are in addition to the Somerville Public Schools conduct policies, student handbook rules or regulations, and the MA Interscholastic Athletic Association (MIAA) rules and regulations.
- International trips must include a printout of the State Department Travel Advisory and Homeland Security Alert Status for all countries to be visited. For international field trips, the trip organizer will provide parents/guardians a copy of the State Department travel advisory and Homeland Security Alert Status for all countries to be visited.

- Additional information may be requested from the appropriate authority prior to making a decision.

- Should external circumstances change after the initial trip approval, detailed modifications to the relevant approval documentation (see above) will be required.

IN-STATE DAY FIELD TRIP FORM



Instructions

- All in-state field trips must be approved by the Assistant Superintendent at least three weeks before the field trip.
- Please notify the School Nurse and involve him/her in the planning for medical needs at least 72 hours prior to the field trip.
- Please submit this form to the Assistant Superintendent for Curriculum, Instruction and Assessment at least three weeks prior to trip. In-state field trip requests not submitted three weeks in advance of the proposed trip may not be approved.
- If you are planning an out-of-state or overnight field trip, please use the appropriate form.
- The form may be faxed to 617-666-1130 or mailed via interoffice to SPS Central Office.
- **All sections marked with an asterisk (*) must be completed by the staff person(s) proposing the field trip.**

*Date(s) of proposed field trip: _____ Reviewed by Nurse: _____
(Nurse's Signature/Date)

Date form submitted to Principal/Administrator: _____ Three weeks in advance? No Yes

Basic Field Trip Information

*School/program: _____ *Teacher(s) and Grade(s): _____

*Destination: _____ *Time period: _____

*Field trip objective(s): _____

*# of teachers: _____ Sub Needed? Yes No *# of students: _____ *# of chaperones _____

EMERGENCY CONTACT # (teacher/staff name & cell phone #) _____

*Names of chaperones and all staff (Use as many lines as are needed; add additional paper if using more than six.)

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

*Mode(s) of Transportation _____ *Student Cost: _____

*What accommodations will be made for students who cannot pay? Please specify funding source.

*To which course/unit/program is the trip related? _____

*To which curriculum standard(s)/objective(s) is the trip related? _____

*Describe follow-up activities to ensure field trip objectives met/curriculum standards taught:

Approvals

When this form is completed, please submit it for the following signatures. The signatories should mark the appropriate box with the DATE they give approval or disapproval. Once the Principal and/or Department Head(s) have signed, please forward the form to Central Office.

_____ APPROVED _____ DISAPPROVED _____ Principal

_____ APPROVED _____ DISAPPROVED _____ Department Head(s)**

**Department Head signature also required for field trips related to: SHS Math/Science, SHS Humanities, Art, Health/PE, Library/Media Studies, Music, Special Education, English Language Learners, Guidance, Early Childhood, Community Schools/Afterschool programs, and Adult Learning Programs

_____ APPROVED _____ DISAPPROVED _____

OUT-OF-STATE DAY FIELD TRIP FORM



Instructions

- All out-of-state field trips are required, by Massachusetts General Law, to be approved by the School Committee.
- Please notify the School Nurse and involve him/her in planning for medical needs as soon as you are aware of a trip, but at least 30 days in advance.
- Please submit this completed form to the Assistant Superintendent for Curriculum, Instruction and Assessment six weeks before the scheduled trip. Completed out-of-state field trip requests not submitted six weeks in advance of the proposed trip may not be approved. If you are planning an in-state or overnight field trip, please use the appropriate form.
- The form may be faxed to 617-666-1130 or mailed via interoffice to SPS Central Office.
- **All sections marked with an asterisk (*) must be completed by the staff person(s) proposing the field trip.**

*Date(s) of proposed field trip: _____ Reviewed by Nurse: _____
(Nurse's Signature/Date)

Date form submitted to Principal/Administrator: _____ Six weeks in advance? No Yes

Basic Field Trip Information

*School/program: _____ *Teacher(s) and Grade(s): _____

*Destination: _____ *Time period: _____

*Field trip objective(s): _____

*# of teachers: _____ Sub Needed? Yes No *# of students: _____ *# of chaperones _____

EMERGENCY CONTACT # (teacher/staff name & cell phone #) _____

*Names of chaperones and all staff (Use as many lines as are needed; add additional paper if using more than six.)

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

*Mode(s) of Transportation _____ *Student Cost: _____

*What accommodations will be made for students who cannot pay? Please specify funding source.

*To which course/unit/program is the trip related? _____

*To which curriculum standard(s)/objective(s) is the trip related? _____

*Describe follow-up activities to ensure field trip objectives met/curriculum standards taught:

Approvals

When this form is completed, please submit it for the following signatures. The signatories should mark the appropriate box with the DATE they give approval or disapproval. Once the Principal and/or Department Head(s) have signed, please forward the form to Central Office.

_____ APPROVED	_____ DISAPPROVED	_____ Principal
_____ APPROVED	_____ DISAPPROVED	_____ Department Head(s)**

**Department Head signature also required for field trips related to: SHS Math/Science, SHS Humanities, Art, Health/PE, Library/Media Studies, Music, Special Education, English Language Learners, Guidance, Early Childhood, Community Schools/Afterschool programs, and Adult Learning Programs

_____ APPROVED _____ DISAPPROVED _____
Assistant Superintendent for Curriculum, Instruction & Assessment

_____ APPROVED _____ DISAPPROVED _____

OVERNIGHT FIELD TRIP FORM



Instructions

- All overnight field trips are required, by Massachusetts General Law, to be approved by the School Committee.
- Please notify the School Nurse and involve him/her in planning for medical needs as soon as you are aware of a trip, but at least 30 days in advance.
- Please submit this completed form to the Assistant Superintendent for Curriculum, Instruction and Assessment six weeks before the scheduled trip. Completed out-of-state field trip requests not submitted six weeks in advance of the proposed trip may not be approved. If you are planning an in-state or out-of-state day field trip, please use the appropriate form.
- The form may be faxed to 617-666-1130 or mailed via interoffice to SPS Central Office.
- **All sections marked with an asterisk (*) must be completed by the staff person(s) proposing the field trip.**

*Date(s) of proposed field trip: _____ Reviewed by Nurse: _____
(Nurse's Signature/Date)

Date form submitted to Principal/Administrator: _____ Six weeks in advance? No Yes

Basic Field Trip Information

*School/program: _____ *Teacher(s) and Grade(s): _____

*Destination: _____ *Time period: _____

*Field trip objective(s): _____

*# of teachers: _____ Sub Needed? Yes No *# of students: _____ *# of chaperones _____

EMERGENCY CONTACT # (teacher/staff name & cell phone #) _____

*Names of chaperones and all staff (Use as many lines as are needed; add additional paper if using more than six.)

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

*Mode(s) of Transportation _____ *Student Cost: _____

*What accommodations will be made for students who cannot pay? Please specify funding source.

*To which course/unit/program is the trip related? _____

*To which curriculum standard(s)/objective(s) is the trip related? _____

*Describe follow-up activities to ensure field trip objectives met/curriculum standards taught:

Approvals

When this form is completed, please submit it for the following signatures. The signatories should mark the appropriate box with the DATE they give approval or disapproval. Once the Principal and/or Department Head(s) have signed, please forward the form to Central Office.

APPROVED _____
DISAPPROVED _____
Principal

APPROVED _____
DISAPPROVED _____
Department Head(s)**

**Department Head signature also required for field trips related to: SHS Math/Science, SHS Humanities, Art, Health/PE, Library/Media Studies, Music, Special Education, English Language Learners, Guidance, Early Childhood, Community Schools/Afterschool programs, and Adult Learning Programs

APPROVED _____
DISAPPROVED _____
Assistant Superintendent for Curriculum, Instruction & Assessment

APPROVED _____
DISAPPROVED _____
Following School Committee approval, Anthony Pierantozzi, Superintendent

Somerville Public Schools
FIELD TRIP PERMISSION SLIP

Today's Date: _____ **Name of School** _____

_____ has scheduled a field trip. We are requesting your
(Name of Class)

permission for your child to participate in this trip.

Date of Trip _____	Method of Travel _____
Location of Trip _____	Departure Time _____
School Staff Member Organizing Trip _____	Return Time _____

****Please make sure your child is dressed appropriately for the weather.***

To give permission for your child to attend this field trip, please complete, sign and return the lower portion of this form to
(class teacher name): _____ by (date): _____ .

(Keep the top half of this form for your information.)

(Cut along dotted line and return this half by the date noted above.)

Student's Name (please print): _____
(Last Name) (First Name)

I, _____, parent/guardian of _____ give permission
to my son/daughter to attend the following field trip:

Date(s) of Field Trip: _____ Location of Field Trip: _____

I understand that my son/daughter is expected to follow all the school rules and regulations as outlined in our School Committee Policies or School Student Conduct rules. I also understand that my son/daughter is expected to adhere to specific field trip communications procedures which will be discussed between students and field trip organizers prior to the trip.

YES, I do or NO, I do not give permission to the Somerville Public Schools to take and use images of my child's participation in this field trip, for lawful purpose and in any form or medium (such as newspaper, internet, District social media sites, etc.) to promote school events.

Please be aware of the following medical or other specific needs of my child:

I hereby release all employees and agents of the Somerville Public Schools from liability; and, assign harmless and indemnify each of them for any claim, judgment, or expense related to any alleged damages.

I can be reached at the following telephone number during the hours of the field trip: (_____) _____

Parent/guardian signature

Date

STUDENT MEDICAL/ MEDICATION INFORMATION

To be given to the Somerville Public Schools staff on the trip. Signature indicates your permission for the School Nurse to share this information

Student Name: _____ Date of Birth (DOB) _____

Address _____ Telephone # _____

Parent/Guardian Name (print) _____

Parent/Guardian Cell Phone # (_____) _____ Alternate Cell Phone # (_____) _____

Emergency Contact:

Name: _____ Relation to Student: _____ Cell Phone # (_____) _____

Health Information:

Does your child have any of the following conditions?	YES	NO
Food/Bee Sting Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>
Asthma (bring medication)	<input type="checkbox"/>	<input type="checkbox"/>

If you have any concerns regarding your child’s ability to participate, please notify the school nurse and consult your primary care physician. Please use the space below to inform us of those needs.

Parent/Guardian Medical Permission for _____

(Student’s Name)

I understand that parents/guardians will be contacted in case of serious sickness or accident. However, in the event of an emergency situation that requires immediate medical attention **I, the parent/guardian, hereby give permission to the physician selected by the Director or the Trip Leader in charge to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.**

My child will NOT bring or carry over-the-counter, prescription or any other drugs on this field trip.

I give permission for the administration of all medication listed below. (Please provide information regarding any daily medications your child may take while on this field trip.)

Medical Condition	Medication	Dosage	Time	Side Effects

Parent/Guardian Signature _____ Date _____

Please complete and sign this form even if your child is not on any medication. Simply indicate “None” on the chart above. Then return this form to your child’s teacher.