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|  | **Superintendent’s**  **Circular**  **School Year 2015-2016** | **NUMBER:**  CAO-23  **DATE:**  September 1, 2015 |

**DAY FIELD TRIP GUIDELINES**

This Superintendent’s Circular provides instructions for implementing policies relating to field trips passed by the Boston School Committee on June 29, 2011.

This circular should be read AFTER the Superintendent’s Circular No. CAO-22, General Guidelines and Procedures for All Field Trips as additional guidelines are outlined there.

**Principals/Headmasters (and/or the District Department sponsoring the trip) are responsible for ensuring that all field trip policies and procedures as outlined in this circular are adhered to.**

Together Principals/Headmasters (and/or the District Department lead sponsoring the trip) and trip leader must review and complete “Checklists” for this Circular. Signed “Checklist” must be kept on file at the school.

**DAY FIELD TRIP CHECKLIST**

**(Checklist and request form MUST be completed for EVERY day field trip)**

* Review Superintendent’s Circular CAO-22, General Guidelines and Procedures for All Field Trips.
* Review Superintendent’s Circular on Medical Emergency Management, FSE-5 and Incident Data-Reporting and Release, SAF-4 for important safety protocols. The Department of Safety Services (617-635-8000) must be notified in the event of a serious emergency and should be used as a resource for questions regarding safety on field trips.
* Select a site and investigate the appropriateness of the site in relation to the category of field trip.

**Field Trip Category(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(For category, see CAO-22)**

**Site/s:**

* Select a date and an alternate date. Note: Check with the principal/headmaster, teachers and staff to ensure that trips are not scheduled on dates that interfere with important tests, religious holidays, or class work.

**Date**:

**Alternate Date**:

**Four Weeks (or More) Prior to Trip**

* All lead chaperones (the BPS employee organizing and leading the trip) must be approved by the Principal/Headmaster or District Department sponsoring the trip.
* All field trip IDEAS must be preliminarily approved by the Principal/Headmaster or District Department Sponsoring the trip prior to the distribution of any informational materials on the proposed trip to students and their parents/guardians and prior to any fundraising or other detailed preparations. Consult with the Principal/Headmaster on potential chaperones and student recruitment. (Document this approval for your records.)
* **Research and plan the details of your trip. Carefully analyze all field trip activities as safety is of first and foremost importance. (If you have questions about the appropriateness of an activity, please consult with the Department of Global Education.)**

**Planning, organization and preparation are critical to a successful experience for all participants. As part of trip planning and itinerary development, ensure the major aspects of health, safety and security have been addressed with due diligence. Trip leaders should be able to articulate in an informed manner what decisions were made, why they were made and the sources that informed that decision making.** .

* Upon preliminary approval from the Principal/Headmaster, recruit chaperones and students.

Choose chaperone team purposefully and wisely: Every adult on the trip must be a chaperone and have a clear role. What qualifications does he/she have to participate?

For “Day Trips,” the student-to-chaperone **maximum** ratios are:

* + - Grades K-5, 10:1
    - Grades 5 and up, 15:1
    - For students with disabilities, the ratio of staff to students must be at least the same as the ratio mandated in their IEPs for their classes.
    - One chaperone must be a Boston Public Schools employee.
  + Chaperones shall be at least 21 years of age.
  + Chaperones MUST be CORI/SORI cleared by the BPS Office of Human Capital. (Please see CAO-22 for more information on the process.)
  + Chaperones are always on duty.
  + Chaperones may not consume alcohol/drugs.
  + Chaperones’ children may not attend the trip unless the child is a Boston Public Schools student who is in the same age range/grade as the traveling students and the chaperone fully understands he/she must provide the same level of attention to ALL children under his/her care.
  + Chaperones must be familiar with the *BPS Code of Conduct* and other district and school-based rules. (Lead chaperone must be mindful and teach all non-BPS employees these rules.)
* **Recruit students and coordinate fundraising efforts so that the trip is open to all students. The recruitment process must be transparent and fair. Financial means may not be a criterion for access to the program. Chaperones must create an environment and structures to support low income students. Please note: Students not enrolled in the Boston Public Schools may not participate.**
* Complete and submit a Day Field Trip Request Form and accompanying documents to obtain official consent from the Principal/Headmaster to execute the trip.
* Create a school file to house all important documents: Day Field Trip Request Form, student permission slips and other signed documents. These documents must be kept on file for the current fiscal year plus three additional years after the trip has occurred.
* Contact the field trip site and ensure that the necessary arrangements are in place
* Staff should be aware of their responsibility to consult with and obtain the approval of their respective Principal/Headmaster before using school stationary/letterhead to make agreements or exchange money with parents, outside transportation companies, travel agencies, etc.
* Staff are not allowed to sign contracts on behalf of the Boston Public Schools.
* Share the trip details listed below with all teachers and other staff members so that they may plan accordingly.
  + Trip Overview (purpose)
  + Destination
  + Date of Trip
  + Students’ Names
  + Chaperones’ Names & Roles in School Community
* Develop transportation plans: mode of transportation, travel time, cost, etc. (If applicable, be sure to note how and with whom the child will travel to and from a field trip’s departure and pick-up locations.)
* **Staff are not permitted to drive students. Privately owned vehicles from non-approved vendors or leased vehicles are not to be utilized except in the case of a bona fide emergency. Staff who utilize their own vehicles or a leased vehicle, risk being legally liable**.
* **Please refer to TRN-3 for regulations on field trip transportation.**
* Discuss with students the trip’s purpose and learning goals in the weeks prior to the trip; plan to engage students in activities before, during, and after the trip so that the field trip’s learning potential is maximized.

**Three Weeks (or More) Prior to Trip**

* Ensure the availability of a first aid kit.
* Prepare and distribute the Parental Authorization for Day Trip form to each participating student.

**Two Weeks (or More) Prior to Trip**

* Collect the completed and signed Parental Authorization for Day Trip form from each participating student.
* Prepare (lead chaperone) the chaperones on your trip (distribution of responsibilities and review of student team)
  + The lead chaperone will record the names of the chaperones and the students each chaperone is supervising and each chaperone must carry this list.
  + Chaperones will organize a “Buddy System,” pairing students with one another for safety purposes.
  + Review students’ permission slips; prepare any questions for follow-up with families and the school nurse.
  + Prepare trip binder for all chaperones (See “During the Trip” section which lists all binder contents.
  + If there is only one chaperone on your trip, prepare a contingency plan in case the chaperone needs additional adult support while on the trip.
  + **The lead chaperone must carry original, signed Parental Authorization for Day Trip forms for all students; all other chaperones must carry copies.**
* **AT LEAST TWO WEEKS IN ADVANCE**, consult with, and, when necessary, receive training from and obtain written comments from the School Nurse regarding any students who have expressed medical needs (e.g. medication, asthma, allergies, etc.) (Nurses need time to thoughtfully support a child’s participation. Please do not seek their assistance at the last minute.
* If any student has a serious medical condition, please be sure that his/her doctor writes a letter indicating that the child may safely attend and participate in trip activities.
* Inform the Food Service Manager or Attendant of the names of the students going on the trip, the date and time of the field trip, and whether the students will return to the school for lunch or whether brown bag lunches should be prepared. Be mindful of any student food allergies.

**One Week Prior to Trip**

* Verify all arrangements, including transportation and reception at the site.
* Prepare name tags for younger students.
* If applicable, provide alternative arrangements and/or comparable activity for students not attending the trip or a comparable activity for students unable to participate in a portion of your trip.
* Arrange for special equipment such as a digital or video camera, if necessary or desired.
* Set standards for safety and behavior with students and chaperones.
* Notify/consult with the Principal/Headmaster if trip plans have changed from original field trip request.
* Prepare and leave a field trip package for the Principal/Headmaster that includes CAO-23 checklist, Day Field Trip Request Form and permission slip copies.

**During the Field Trip**

* Take attendance and leave the current list of students attending the trip with the Principal/Headmaster.
* Record specific Bus Number and Driver’s Name and leave information with the Principal/Headmaster, all chaperones, and, if age appropriate, students.
* Conduct “Head Counts” and “Buddy Checks” before embarking on your trip, throughout your trip and before departing the field trip site for home.
* Review standards for safety and behavior with students.
* Chaperones must carry trip binder at all times on the trip which includes the following: **permission slips (original, signed permission slips must be carried by the lead chaperone), Emergency Action Plan and Day Field Trip Request Form (This document has all trip details.) and any accompanying itinerary details for this particular trip.**
* Chaperones must supervise all assigned students.
* All students must have the contact information of chaperones and other necessary emergency and contact information.
* Do not leave students alone. Students should be accompanied by chaperones unless part of a scheduled activity and age appropriate. However, if unaccompanied as part of a scheduled and structured activity, students should be in pairs AND always know how to reach an adult chaperone.
* Review with everyone where they are to go if they get separated from the group.
* Set aside time to process student learning on the trip.
* Chaperones have the responsibility to modify program to ensure the ongoing safety of travelers. Consult with principal/headmaster and Department of Safety Services if this becomes necessary.

**After the Field Trip (Mandatory)**

* Retain completed, original *Day Field Trip Request Form*, original permission slips, and any other signed documents for the field trip in the school office. These records must be kept for the current fiscal year plus three additional years after the field trip occurs.
* Remind students (and inform parent/guardians as well) to see a doctor immediately if they are not feeling well after the trip and to inform the doctor of their experience.
* If applicable, file and follow up with *Incident Report.*

**After the Field Trip (Suggested)**

* Write thank you notes.
* Present to school and family community about the students’ observations while on the trip.
* Conduct related creative and/or analytical projects to showcase student learning (i.e. public speaking engagements, Web 2.0 projects, etc.)
* Write a news article about the trip for a local newspaper or website.
* Email stories, journals, and pictures of your trip to the Department of Global Education at [globaleducation@bostonpublicschools.org](mailto:globaleducation@bostonpublicschools.org).
* Evaluate the Trip.
  + Was the educational purpose of the trip served?
  + What were the highlights of the trip?
  + What might you do differently next time?
  + Are there any incidents, accidents, etc. to report?

**PLEASE SIGN THIS CHECKLIST, RETAIN A COPY FOR YOUR FILE, AND SUBMIT THE ORIGINAL TO THE SCHOOL OFFICE FOR FILING.**

**YOUR SIGNATURE INDICATES THAT YOU READ AND UNDERSTAND THE POLICIES IN THIS CIRCULAR AND THAT THEY HAVE BEEN/WILL BE FOLLOWED AND ALL CHECKLISTS THROUGHOUT THE TRIP PLANNING AND THE TRIP IMPLEMENTATION PROCESS HAVE BEEN OR WILL BE COMPLETED.**

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Lead Chaperone Date

Signature of Principal/Headmaster or Date

Sponsoring District Department

For more information, questions, and support about this circular, please contact:

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Dr. Tommy Chang, Superintendent

**Attachments:**

1. **Day Field Trip Request Form**
2. **Emergency Action Plan**
3. **Parental Authorization for Day Field Trip**

**Day Field Trip Request Form**

(This form is submitted to the Principal/Headmaster and this form along with all original permission slips are kept on file for the current fiscal year plus three additional years.)

**School Information**

School:

Responsibility Center #:

Date Submitted:

**Trip Overview**

Number of Students:

Number of Chaperones:

**Supervision: maximum ratio, K-5, 10:1; 5 - 12, 15:1. For students with disabilities, the ratio of staff to students must be at least the same as the ratio mandated in their IEPs for their classes.**

Destination/s:

Date of Trip:

Field Trip Category: (See CAO-22 for category types.)

Overview of Trip/ Educational Purpose:

Itinerary: (attach separate page if necessary)

**Site/s Contact Information** (If you are visiting multiple places, please list all.)

Site/s:

Address/s:

Site/s Contact Person:

Site/s Telephone Number:

Email/s:

**Supervision**

Lead Chaperone:

Phone: (during the trip)

Email:

Names of All Chaperones:

**Transportation**

Pick-up Location:

Drop-off Location:

Departure Time:

Time Back at School:

Method of Transportation:

Transportation Provider:

Contact Information: (phone number and address)

**(Schools must use BPS busses or approved bus vendors regardless of how the trip is paid for. See TRN-3.)**

**Staff may not drive students. Privately owned vehicles, vehicles from non-approved vendors, or leased vehicles are not to be utilized to transport students to and from field trips, except in the case of a bona fide emergency. Staff who utilize their own vehicles risk being legally liable.**

**Please refer to TRN-3 for regulations regarding field trip transportation.**

Total Cost: $

Funding Source:

Grant Number:

BEDF Account Code/Description.

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Principal/Headmaster/Sponsoring District Department Date

***Your signature indicates that all policies outlined in this circular regarding day trips will be followed.***

 **EMERGENCY ACTION PLAN (EAP)**

Procedures for Calling 911 on a Field Trip

**Do Not Leave the Injured Person Alone or Without an Adult Present**

1. **REMAIN CALM.** This helps the operator receive your information.
2. **DIAL 911.** Remember you may need to access an outside line first.
3. My name is . “I am a (your role) in the Boston Public Schools.”
4. I need paramedics now.
5. My exact address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .
6. There is a person with a (type/location of injury) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ injury.
7. The person’s name is \_\_\_\_\_\_ and he/she is\_\_\_\_\_\_ years old.
8. The person is located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ which is on the

(North/South/East/West) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ side of the facility.

1. I am calling from (telephone number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .
2. \_ (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will meet the ambulance.
3. Don’t hang up. Ask for the information to be repeated back to you and answer any

questions the dispatcher may have. Hang up the phone when all of the information is

correct and verified.

1. Wait until the dispatcher hangs up first and wait with person until EMS arrives.
2. Paramedics will take over care of the person when they arrive. A chaperone must

accompany any injured student in the ambulance and remain with the student until the

parent/guardian arrives.

1. Call parent/guardian, principal/headmaster, the Superintendent’s Office, and Department

of Safety Services regarding incident immediately. **File an Incident Report**.

**Principal/Headmaster Phone Numbers:**

**Principal Leader:**

**Department of Safety Services: (617) 635-8000**

**Additional Phone Numbers:**

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 **Parental Authorization for Day Field Trip**

**Directions:**

**BPS Staff:** 1) Use one form per trip.

2) Complete the School Portion of form.

3) Duplicate one form per student.

4) Send a copy home for parent and student signatures.

5) During the field trip, the signed, original form must be carried by the lead chaperone,

copies by all other chaperones and a photocopy must be left on file in the school office.

**Students:** 1) Complete the “Student Agreement” section.

**Parent / legal guardian, if student is under 18 years of age, or student, if at least 18 years old:**

1) Complete the “Authorization & Acknowledgement of Risks” section.

2) Complete the “Medical Authorization” section.

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| **TO BE COMPLETED BY THE SCHOOL** | | **School Name:** | **Student Name:** |
| **Date(s) of Trip:** | **Destination:** |
| **Purpose(s):** | |
| **List of Activities:** | |
| **Supervision:** (Check One)  Students will be directly supervised by adult chaperones on this trip at all times.  Students will be directly supervised by adult chaperones on this trip with the following exceptions: | |
| **Mode of Transportation:** (Check all that apply.)  **□** walking **□** school bus **□** MBTA **□** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Students will leave from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**  **(where) (time)**  **Students will return to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**  **(where) (time)**  **Chaperone(s) in Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Chaperone/Student Ratio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (max. ratio for K-5, 10:1; max. ratio for Grades 5+, 15:1) | |
| **TO BE COMPLETED BY THE STUDENT** | | **STUDENT AGREEMENT**  While participating in this field trip, I understand I will be a representative of BPS and my community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by school based rules and the Boston Public Schools’ Code of Conduct.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Signature Date | |
| **TO BE COMPLETED BY THE PARENT/GUARDIAN OR STUDENT** | **AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS**  I understand that my/my child’s participation in this field trip is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the field trip (on the front page of this form) and authorize myself/my child to participate in the planned components of the field trip.    I assume full responsibility for any risk of personal or property damages arising out of or related to my/my child’s participation in this field trip, including any acts of negligence or otherwise from the moment that my student is under BPS supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless BPS and any of the individuals and other organizations associated with BPS in this field trip from any claim or liability arising out of my/my child’s participation in this field trip.  I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Boston Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.  I understand that BPS is not responsible for my/my child’s supervision during such periods of time when I/my child may be absent from a BPS supervised activity. Such occasions are noted in the “Supervision” section in this agreement.  I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the BPS Code of Conduct, and to abide by all decisions made by teachers, staff, and those in authority. I agree that BPS has the right to enforce these rules, standards, and instructions. I agree that my/my child’s participation in this field trip may at any time be terminated by BPS in the light of my/my child’s failure to follow these regulations, or for any reason which BPS may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to enhance individual and/or group safety.  **MEDICAL AUTHORIZATION**  I certify that I am/my child is in good physical and behavioral health and I have/my child has no special medical or physical conditions which would impede participation in this field trip.  I agree to disclose to BPS any medications (including over- the-counter/herbal) and/or prescriptions which I/my child shall or should take at any time during the duration of the field trip.  In the event of serious illness or injury to my child/ward, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, I authorize the chaperones listed to act on my behalf as parent/guardian of my child/ward while participating in the above described trip including the admittance to and release from a medical facility.  **NO:** My child **DOES NOT** require medication during this trip.  **YES:** My child **DOES** require medication during this authorized trip. **If you checked yes**, please describe in the space below the type of medication and the required administration of this medication. If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again. If necessary, attach additional page.  **SIGNATURES**  ***If the applicant is at least 18 years of age, the following statement must be read and signed by the student:***  I certify that I am at least 18 years of age, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Signature Date  ***If the applicant is under 18 years of age, the following statement must be read and signed by the student’s parent or legal guardian:***  I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.  I give permission for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in all aspects of this trip.  (student)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature/s Date  ***The student, if at least 18 years of age, or the parent/legal guardian must complete the information below:***  Print Parent/Guardian/s First and Last Name/s:  Address:  Telephone: (CELL, HOME, WORK)    Emergency Contact’s First and Last Name (other than parent/guardians):  Relationship to Student: Emergency Contact’s Telephone #s: | | |
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