

# Bessemer City Schools

1621-5<sup>th</sup> Avenue North

Bessemer, AL 35020

## ACADEMIC FIELD TRIP PROCEDURES AND GUIDELINES



Updated 09/09/2019

## **ACADEMIC FIELD TRIP PROCEDURES AND GUIDELINES**

Field trips are a part of students' educational programs. They provide opportunities for both connecting theory and practice, and experiencing the physical and social realities, which are the subject matter of our curriculum. As a part of our educational program, we will take steps to foster field trip safety while at the same time recognizing that there are inherent risks in many activities and significant levels of personal responsibility that each student must assume for him/herself.

The board of education recognizes that field trips when used for teaching and learning are educationally sound and important ingredient in the instructional program of the school. Properly planned and executed field trips should:

- Supplement and enrich classroom procedures by providing learning experiences in the environment outside the schools
- Awaken new interests among students
- Help students related school experiences to the reality of the world outside of school
- Bring the resources of the community --- natural, artistic, industrial, commercial, governmental, educational-within the student's learning experience
- Afford students the opportunity to study real situations and real processes in their actual environment.

A field trip shall be defined as any planned journey for students away from District premises, which is under the supervision of a professional staff member. The Board considers student excursions that integrate educational programs with the resources of the community to be a vital part of the educational program. The success of all field trips depends on advanced planning by the teachers. Carefully planned field trips that are directly related to adopted curriculum are encouraged.

The Board of Education must approve all overnight/out-of-state field trips. When seeking approval for such a field trip, the attached forms must be completed and submitted to the superintendent each year by September 30<sup>th</sup> for first semester field trips and by January 31<sup>st</sup> for 2<sup>nd</sup> semester field trips.

SCHOOL NAME: \_\_\_\_\_

**Travel Security and Information (Bessemer Police Department ---205.425-2411)**

The teacher or group leader shall make plans to notify the Bessemer Police Department in reference to estimate departure and arrival times to and from out of town/state destination. School officials and parents will be notified by our local Police Department, should an accident or extended delay occur beyond normal arrival time.

Hotels: Interior corridor will be selected for safety (if possible).

**FIELD TRIP ITINERARY** (please attach)

**INTEGRATED STUDY UNIT**

**Narrative: State the educational objectives and purpose of the field trip.**

Objectives/Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Objectives and purpose include the following:**

(Check all that apply)

\_\_\_\_\_ Alabama Comprehensive Assessment Program (ACAP) Grades 2-8 Reading and Math  
(Science 5<sup>th</sup> and 7<sup>th</sup> Grade; 6<sup>th</sup> Grade optional)

\_\_\_\_\_ ACT Plus Writing – 11<sup>th</sup> Grade

\_\_\_\_\_ ACT WorkKeys – 12<sup>th</sup> Grade

\_\_\_\_\_ ACCESS 2.0 (EL Students) K-12<sup>th</sup> Grades

\_\_\_\_\_ ACAP Alternate Assessment (AAA) 2<sup>nd</sup> – 8<sup>th</sup> Grades

\_\_\_\_\_ State Course of Study

\_\_\_\_\_ Bessemer Curriculum Alignment

**INTEGRATED STUDY UNIT (continued)**

Provide a detailed lesson plan with activities to be used four weeks prior to the trip.

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Describe in detail how the planned trip relates to the curriculum.

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Attach a copy of activities i.e. (scavenger hunt, discussion questions and points of interest)

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Students will keep a daily reflective journal.

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**FIELD TRIP REQUEST FORM**

**\*\*This form is to be used when students take any trip off campus for school purposes.**

School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Destination: \_\_\_\_\_

Please state the purpose of the trip and Learning Targets: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Transportation:  Bessemer City Bus  Charter Bus  Private Vehicle

Trip Date: \_\_\_\_\_ Depart: \_\_\_\_\_AM/PM Return: \_\_\_\_\_AM/PM

Teacher #: \_\_\_\_\_ Student #: \_\_\_\_\_ Chaperone #: \_\_\_\_\_ Adult/Student Ratio: \_\_\_\_\_

Nursing or medical assistance needed? Yes \_\_\_\_\_, No \_\_\_\_\_

If yes, please specify:  LPN  RN  MA \_\_\_\_\_

Special Student Circumstances: Review rosters for students who require handicapped accessibility, medicine administered, students not participating, other: \_\_\_\_\_

\_\_\_\_\_

Cost: Per Student \$ \_\_\_\_\_ Per Adult \$ \_\_\_\_\_ District \$ \_\_\_\_\_

What follow up activities are planned? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

School Nurse/MA: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_

Director of Student Services: \_\_\_\_\_

**METHOD OF TRANSPORTATION**

Company or Agency: \_\_\_\_\_ Proof of Insurance: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Field Trip Date: \_\_\_\_\_ Depart Time: \_\_\_\_\_AM/PM

Field Trip Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_AM/PM

Field Trip Coordinator: \_\_\_\_\_ Position: \_\_\_\_\_

Destination: \_\_\_\_\_

Teacher/ Staff Responsible #: \_\_\_\_\_(attach demographic data)

Chaperone #: \_\_\_\_\_(attach demographic data)

Student #: \_\_\_\_\_(attach demographic data)

### **FINAL FIELD TRIP CHECKLIST**

This information must be provided to your principal two weeks before departure.

- Destination Confirmed
- Date Confirmed w/Principal
- Transportation Confirmed
- Parental Permission Forms Signed and Returned
- Chaperones Verified
- Student Groups Assigned
- Group Leaders Assigned
- Nurse Assigned (if applicable)
- Name Tags Completed
- Snacks Purchased and Packed (if applicable)
- Lunches and Drinks Packed (if applicable)
- List of Student Names, Addresses, and Phone Numbers (including ones not attending)
- First Aid Kit included (should be in possession of teacher or nurse)
- Planned Lessons and Activities for Students not Attending the Field Trip
- Lessons, Objectives, Journal Reflections and Other Activities Provided

**A review of the field trip and activities as they related to the curriculum will be re-taught, discussed, and evaluated.**



**EVALUATION**

Describe the type(s) of evaluation(s) to be used at the conclusion of the trip.

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Describe how the non-participating students will be evaluated.

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**ARRANGEMENT FOR STUDENTS NOT ATTENDING**

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**FUNDRAISING PLANS**

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**PERMISSION & MEDICAL RELEASE FORM**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Destination: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby release the Bessemer Board of Education from the responsibility and liability for any illness or injury that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this field trip as agent for me, to consent to any X-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, dentist (as appropriate), licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

**THIS DOCUMENT WILL BE VALID AND IN FULL EFFECT UPON PARENT(S)  
SIGNATURE.**

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

**GENERAL DEMOGRAPHICS DATA FORM****MEDICAL CONSENT**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical Information**

Check Medication permitted, as deemed necessary:

If your child requires special medication, please list name of medicine, recommended dosage and time(s) administered.

**Headache:**

Ibuprofen Yes \_\_\_\_\_ No \_\_\_\_\_

Tylenol Yes \_\_\_\_\_ No \_\_\_\_\_

Medicine: \_\_\_\_\_

**Intestinal Disorder:**

Kaopectate Yes \_\_\_\_\_ No \_\_\_\_\_

Castora Yes \_\_\_\_\_ No \_\_\_\_\_

Pepto Bismol Yes \_\_\_\_\_ No \_\_\_\_\_

Dosage: \_\_\_\_\_

**Motion Sickness:**

Dramamine Yes \_\_\_\_\_ No \_\_\_\_\_

**Minor Cuts & Bruises:**

Mercurochrome Yes \_\_\_\_\_ No \_\_\_\_\_

Time: \_\_\_\_\_

**Cough or Cold:**

Cough Syrup Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Consent**

I give permission for my child, \_\_\_\_\_ to be treated by a licensed physician if medical treatment is deemed necessary.

In case of emergency, I give my consent for him/her to receive medical prescriptions prescribed by a licensed physician.

Parent(s) Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## **RULES AND GUIDELINES FOR STUDENTS AND PARENTS**

In order to insure a safe, educational and enjoyable trip for students and adults, the following rules and guidelines have been established:

- Courtesy should always be shown to everyone. This includes other students, chaperones, hotel personnel, tour guide, stewardesses, restaurant, employees, etc.
- All chaperones and official trip authorities need to be obeyed and respected.
- Everyone, students and adults, must adhere to the schedule.
- No liberties are to be extended to the child of a chaperone that is not allowed for any other child.
- Restrictions will be enforced for use of profanity, disobedience, and any other inappropriate behavior.
- All chaperones must have a uniform lights-out time in their room each night. The teachers will decide on the time based on the evening's activity.
- All games, electronic devices, etc. must not disturb others at any time.
- No vandalism of hotel or public property will be tolerated.
- No boisterous play on the airplane, bus, train, or in the hotel.
- No visiting between rooms unless monitored by the chaperones from both rooms.
- No leaving the group to buy souvenirs, etc. Time will be built into the schedule for purchasing souvenirs.
- Chaperones are always to remain with the group.

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I understand and agree on the rules and guideline stated above and agree to conduct myself in accordance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chaperone Signature: \_\_\_\_\_ Date: \_\_\_\_\_