

#### BESSEMER CITY SCHOOLS



#### 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 leaning experiences in the environment outside the schools;
- Arouse new interests among students;
- Help students relate 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 and;
- 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 education 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 **Two Weeks** prior to the board meeting.

<b>SCHOOL NAME:</b>	

#### Travel Security and Information (Bessemer Police Department – (205) 425-2411)

The group leader (teacher) shall make arrangements to notify the Bessemer Police Department in reference to estimate departure and arrival times to and from out of town/state destination. School official 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** (to be attached)

### **INTEGRATED STUDY UNIT**

Narrative: State the educational objectives and purpose of the field trip. (List goals and activities)
Objectives and purpose include the following:
(Check all that apply)
ACT Aspire
ACT Aspire with Writing
ACT WorkKeys
State Course of Study
Bessemer Curriculum Alignment

## **INTEGRATED STUDY UNIT (cont.)**

Provide a detailed lesson plan with activities to be used four weeks prior to the trip.
Describe in detail how the planned trip relates to the curriculum.
Attach a copy of the group scavenger hunt discussion question and points of interest, (reference).
Students will keep a daily reflective journal.
Stadents will keep a daily reflective journal.

### **REQUEST FOR FIELD TRIP FORM**

Name of Sch	ool		Name of Teacher	
Grade level c	of class		Destination	
			de if necessary)	
Name of com	nmon carr			
Date of field	trip	Т	Time of DepartureTime/Date of Return	
-			olanning and preparing for the field trip will provide maxim	um benefit
			How many students?	
			discussed with the group?	
-			ent or guardian be on file at the school before departure?_	
Have arrange	ements be	en made with	n authorized person at the site to be visited?	
How much m	oney is ea	ach child requi	ired to pay?	
What plans h	ave been	made to take	care of the cost of those students who cannot pay?	
What follow	up activit	ies are planne	ed?	
Signature of	Teacher_		Date	
Approved:	Yes	No	Principal Signature	
Annroyed:	Ves	No	Superintendent Signature	

### **METHOD OF TRANSPORTATION**

Company or Agency								
	Name				Proo	f of Insurance		
Address				Telephone				
Departure Date of Field Trip_	Month		Day	/	Year	Time		
Return Date of Field Trip	Month	_/	Day	_/	Year	Time		
Field Trip CoordinatorName				Posit	ion			
Destination								
Number of Teachers/Staff Res	sponsible		(w	vith attac	hed demographi	c data)		
Number of Chaperones		(with att	tached de	mograph	ic data)			
umber of Students (with attached demographic data)								

#### **FINAL FIELD TRIP CHECK LIST**

(This information <u>must</u> be provided to your principal before departure)

(Minimum of two weeks' notice)

Destination Confirmed
Date Confirmed With Principal
Transportation Confirmed
Parental Permission Forms Signed and Returned
Chaperones Verified
Student Groups Assigned
Group Leaders Assigned
Name Tags Completed
Snacks Purchased and Packed (if applicable)
Lunches and Drinks Packed (if applicable)
List of Student Names, Addresses, and Phone Numbers (include ones to be left at school)
First Aid Kit included (should be in teacher possession)
Planned Lessons and Activities Left for Students Not Going On the Trip
Lesson Outline, Objectives, Journal Reflections, and Other Activities Provided For Students Going On the Trip

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

#### **EVALUATION**

EVALUATION
Describe the type(s) of evaluation(s) to be used at the conclusion of the trip.
Describe how the non-participating students will be evaluated.
ARRANGEMENT FOR STUDENTS LEFT BEHIND
The remaining teachers that will provide for non-participating students are:
<u>FUNDRAISING PLANS</u>
Please list all fundraising plans (including special arrangement/efforts for students who cannot afford to go on the trip).

### **PERMISSION & MEDICAL RELEASE FORM**

Name	Phone Number						
Address						_Zip	
School	_Birthday	MM	_/	DD	_/_	YYYY	_Grade
Parent/Guardian's Name							
Destination					Dat	e	
I hereby release the Bessemer Board of Educating that my child may sustain during this act adult leader of this field trip as agent for me, surgical diagnosis, treatment, and hospital car (as appropriate), licensed to practice under the doctor's office or in any hospital. I expect to be	tivity. In the to consence advised a laws of the contacted	e event t to any and sup e state d as soo	of an X-ravervise where n as p	emergy examed by a service ser	gency nination phys ces are e.	, I here on, med ician, s e rende	by authorize an dical, dental, or urgeon, dentist ered, either at a
THIS DOCUMENT WILL BE VALID AND	O IN FULL	EFFECI	UPO	N PAR	KEN I (	S) SIG	NATURE.
Date:/	Parent(s)	) Signatı	ıre				
Emergency Contact #1					_Phor	ne #	
Emorgonou Contact #2					Dhon	no.#	

# GENERAL DEMOGRAPHICS DATA FORM MEDICAL CONSENT

Name				Date of Birth				
Address				Telephone				
Emergency Contact Person				Emergency Telephone				
		M	edical Info	ormation				
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							
Intestinal Disorder:								
Kaeopectate	Yes	No						
Castora		No						
Pepto Bismol	Yes							
Motion Sickness:								
Dramamine	Yes	No						
Minor Cuts & Bruises:								
Mercurochrome	Yes	No						
Cough or Cold:								
Cough Syrup	Yes	No						
		M	IEDICAL C	ONSENT				
I give permission for my	child,			to be treated by a licensed				
physician if medical treat		eemed ne	cessary.	,				
In case of emergency, I g licensed physician.	ive my cor	nsent for h	nim/her to	receive medical prescriptions prescribed by a				
Signature of Parent(s)			_	Insurance Company				
Print Name				Policy Number				

#### **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 be shown to everyone at all times. 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 to remain with the group at all time.

I understand and agree on the rules and gui	idelines stated above, and agree to conduct myself in
Student	Date
Parent	Date
Chaperone	Date