



FIELD STUDY HANDBOOK

Board Approved 8.12.14

The purpose of the Field Study Handbook is to provide information to principals and staff in planning and preparing field studies. Field studies have been classified into three categories: TYPE A, TYPE B, AND TYPE C with explanations for each category. Timelines have been established for requests, needed forms and information required before approval will be given. To ensure timely approval of requests, please supply the required information on the appropriate form within the timelines indicated.

When requesting TYPE A, TYPE B and TYPE C field studies and/or the use of chartered buses, rental vans or private automobiles; you must complete the enclosed forms and forward the information to Risk Management.

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(TYPE A, TYPE B, TYPE C)

TYPE A FIELD STUDY 7
(TO BE COMPLETED BY ANY SCHOOL
PARTICIPATING IN A SINGLE DAY FIELD STUDY LISTED ON THE APPROVED
FIELD STUDY LIST 10 DAYS PRIOR TO THE FIELD STUDY)

TYPE B FIELD STUDY..... 8
(TO BE COMPLETED BY ANY SCHOOL
PARTICIPATING IN A SINGLE DAY FIELD STUDY NOT ON THE APPROVED FIELD
STUDY LIST 14 DAYS PRIOR TO THE FIELD STUDY)

TYPE C FIELD STUDY..... 9
(TO BE COMPLETED BY ANY
SCHOOL PARTICPATING IN AN OVERNIGHT OR OUT OF STATE FIELD
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FIELD STUDY OVERVIEW

The St. Johns County School Board encourages the use of organized off-campus studies which align to worthwhile educational objectives and further the fulfillment of the district's mission and school goals.

The Board recognizes that the delivery of varied programs using the Field Study as a learning medium requires planning, safety precautions and financial resources. Procedures are outlined in this district Field Study Handbook.

In giving support to the use of field studies as an educational vehicle, the Board expresses its concern that the value of any activity must be assessed in the context of the amount of classroom instruction time lost, the potential contribution to student learning and the costs to the individual student, the school district and the community. It is not the intention of the Board to impose rigid restrictions rather, these procedures should enable all those responsible for the education of our students to assure themselves that such activities undertaken during the school year:

1. Are directly related to the school district's mission statement
2. Have been planned to achieve specific educational outcomes
3. Cannot be more appropriately undertaken during after school time
4. Are organized with provision for adequate supervision
5. Have a medically trained sponsor for low level medication distribution
6. When necessary, include medically-trained personnel to meet student needs (school responsibility)
7. Are conducted in a manner which will not bring discredit upon the student, the teacher, the school or the School Board
8. Do not occur within 5 days of standardized testing unless pre-approved

Field Studies are appropriate for the following reasons:

1. As an adjunct to classroom work directly related to the curriculum
2. As an adjunct to the purpose and activities of a club or organization
3. As a reward for desired behavior or accomplishments; however, these studies must have an educational purpose.

Field Studies should consist of three parts:

1. **Preplanning:** Educational benefits, district approval and permission, medical needs addressed, expected behaviors, and school calendar posting.
2. **The Study:** Organization, detailed itinerary, communication with parents, students, faculty and staff.
3. **Follow-up:** Review and evaluation of the educational benefits of the study with suggestions for refinement and improvement.

GENERAL REGULATIONS COVERING ALL FIELD STUDIES

1. Whenever the Superintendent, Principal or Board determines that dangerous conditions exist which may affect the health, safety, or welfare of those traveling on any Field Study, the Superintendent, Principal, or Board may withdraw approval for the study. The teacher may also request cancellation or postponement of the study for the same reasons. Prior to departure on a field study the teacher/supervisor will make himself/herself aware of, and heed any travel advisories. The school, district and Board will assume no liability for reimbursement of costs or expenses incurred by the cancellation of any activity. (Parents need to be aware of this condition in advance.)
2. Sponsors MUST familiarize themselves with Board rules in the Field Study Handbook, and rules covering the transportation of students. This includes confirmation that commercial carrier drivers transporting students have met level two screening requirements. It also requires volunteer drivers not employed by the school district be cleared by RSVP both as a volunteer and an approved driver prior to departure. Prior to departure, Sponsors, or their designees, shall check for and confirm the identities of the commercial carrier driver(s) by viewing the drivers' motor vehicle operating license(s) and verifying that the driver(s) is approved by district's Risk Management as having met level two screening requirements. If the driver is not on Risk Management's list of approved carrier drivers, or if the driver fails to produce his driver's license, the driver shall not be allowed to drive district students.
3. Sponsors must familiarize themselves with the medical needs of potential participating students. Student medical needs may necessitate a nurse's participation on the study. The arrangement and funding of a nurse is the responsibility of the sponsor. For information to hire a contract nurse contact the district's Health Services department for assistance. Funding for the nurse is the school's responsibility. It is appropriate to include the cost of the nurse into the budget for the field study.
4. A suitably equipped first-aid kit will be available on all school bus trips (including mini buses and vans) and on all outdoor education studies.
5. To promote student participation and active learning in an orderly fashion on field studies, the district reserves the right to cancel a student's field study participation when a student experiences a temporary disability, condition or illness which may foreseeably pose a risk to that student, fellow field study attendee(s), chaperone(s), teacher(s) or other attendant(s) due to physical or mental injuries, illnesses or unsafe and dangerous conditions. Payments for the field study may be refundable subject to a school's individual refund policies and/or nature of the specific field study.
6. Field studies are school sponsored and applicable rules and regulations with respect to student conduct, supervision and safety must be enforced. Parents and students must understand that a prompt return home at parents' expense is a logical consequence of a student's inability to accept their responsibility in this matter.
7. Students shall always be under the supervision of a teacher and/or chaperone. There is to be NO unsupervised time. For middle and high school students this would require regular, structured check-in times when touring theme parks, and museums such as the Smithsonian in Washington D.C. At no time would students be allowed in groups of less than three. Sponsors will also establish a "home base" for every field study location communicating to all students and chaperones that in the event someone is injured, gets sick, is separated from their group, or gets in trouble, they will know how and where to contact a chaperone.
8. No student will be excluded from participation because of legitimate financial reasons.
9. Volunteer drivers of automobiles carrying students on field studies must have adequate liability insurance. Employees, parents, and chaperones driving their own vehicles on school-related studies should be aware that they assume personal financial liability if an accident should occur. **Under no circumstances should a student be permitted to act as a volunteer driver.** Risk Management requires the following information on each volunteer driver:
 - a. The names of all drivers.
 - b. Copies of each driver's license.

- c. Proof of automobile insurance with limits of at least \$100,000 per person, \$300,000 per occurrence for bodily injury and \$50,000 property damage coverage.
10. When using local chartered buses the company used must be on the district's approved commercial carrier list. Commercial carriers must complete the district's application for commercial carriers. Once completed and approved the listed carrier will be eligible to provide service to individual schools. Drivers must meet level two screening requirements and comply with the requirements of the Jessica Lunsford Act. Applications for the Commercial Carrier Contract can be requested through Risk Management.
11. It is the responsibility of the principal and the sponsoring teacher to keep parents well informed in all aspects of the field study. This includes the itinerary, mode of transportation, scheduled activities, arrival and departure times, chaperones and supervision, etc. Parents should be advised in writing of the risks involved in each particular study. Once the itinerary is established and published, additions to the itinerary should not be added without parental permission. Signed parental permission slips for these studies must be received prior to departure.
12. Field studies should be planned to minimize the disruption of other schedules in the school. Studies planned within five days of a state or district standardized exam require special authorization. Arrangements must be made for the instruction of any students not participating in the activity who are normally taught by the teachers involved.
13. All volunteers traveling with district students must have been cleared and approved through a criminal record check. Forms are available through the principal or RSVP. Clearance takes approximately 6 to 8 weeks. (547-3945). Additional clearance is required for parents serving as volunteer drivers.
14. The student/supervisor ratio should be kept as low as possible with 15:1 as a minimum guideline with two adult supervisors for any one group. Depending on specific activities, age, and needs of students, additional supervision may be required.
15. Schools will develop an appropriate procedure to ensure that subject area teachers are advised of a proposed study well in advance, in order to define any scholastic obligations participating students must meet. If these scholastic obligations are not met, the student's participation in the study may be denied. Arrangements must be made for the instruction of any students not participating in the field study who are normally taught by the teachers involved.
16. Students must be informed that they are responsible for their conduct and for work missed.
17. When a child's history suggests that he/she is likely to present a discipline and/or safety issue, a meeting of the principal, teacher and parents will need to occur as early as possible. The child may be denied permission to participate in the activity.
18. For overnight field studies outside of athletic events, sponsors must meet with parents in order that parents fully understand the scope and intent of the activity. Parents should be advised in writing of any and all risks for each particular activity. Full knowledge of student requirements in the areas of travel expenses, accommodations, clothing, personal expenses, behavior, responsibility for missed work and itinerary must be presented. Parental consent forms and medical forms acknowledging this information must be signed and returned as a prerequisite for attendance. Chaperones sharing rooms with students will be assigned a single bed and must have at least two students in the room at all times. Confidential information concerning specific medical problems must be actively sought by the teacher. The health tech and the health services office may need to be consulted in areas of concern.
19. Passenger and vehicle loading lists, including student names and phone numbers, shall be available in the school and with the sponsor.
20. When a parent or guardian elects to transport his/her own child to an event, he/she is not deemed to be a volunteer driver. Therefore no "other" child may travel with that parent, either to the destination, or returning. All students may only travel in the manner arranged for by the school, or travel with their parent/guardian. Where students seek alternate means of travel that do not meet these guidelines, they are not considered to be part of the event.

21. A designated volunteer driver may not carry more passengers than the designated seating capacity listed for their vehicle. **Each student must have a fully functional seat belt, and must be required by the volunteer driver to wear it whenever the vehicle is in motion.**
22. All field studies require a **St. Johns County School District full-time teacher or administrator** charged with responsibility for the planning, organization, and supervision of each study.
23. No field study using district buses shall be made during the last five (5) days of school without prior approval from the Director of Transportation.
24. There should be adequate seating for all participants. On school buses it is recommended secondary students sit two to a seat and elementary students can sit three to a seat. The rated capacity of the vehicle is not to be exceeded.
25. If a substitute is needed or required to cover students not attending the field study, or is needed in addition to the teachers and staff already participating in the field study, the school must allocate funds through their internal account or other funds in their general operating budget. Funds cannot be taken from the substitute budget line for field studies.
26. An updated list of approved field studies will be updated as necessary on InsideStJohns. All field studies on this list are considered Type A field studies. Type A field studies have already been approved by the Superintendent but still require a completed Type A request. You will be notified of approval from Curriculum Services.
27. For safety and liability reasons, student groups are not permitted to ride in 12 and 15 passenger vans (the vehicle is the same size/body style). This type of vehicle has a greater risk of a “rollover” when 10 or more people ride because the weight of the passengers raises the vehicle’s center of gravity, causing it to shift rearward. In compliance with federal and state safety recommendations, schools must use options such as a commercial carrier, standard school bus, or passenger vans built for 7 people or less.
28. Bus travel transporting students from their school to a location outside the State of Florida, must be provided by a commercial carrier selected from the St. Johns County Schools Authorized Carrier list posted on InsideStJohns. State law provides limited protection through sovereign immunity against liability claims in case of accidents and injury. However, after crossing the state line, sovereign immunity protection is gone and liability levels are unlimited.
29. No children including siblings, relatives or friends may attend a field study unless they are part of the group for whom the activity was arranged. Only parents and guardians of children for whom the activity was arranged may serve as chaperones and must be approved and cleared through a criminal record check and the principal.
30. Travel agencies or other private organizations promoting travel studies shall not be permitted access to the school to promote or enroll students for privately sponsored travel study programs.
31. The St. Johns County School Board will not endorse or approve out of country field study. School Board employees organizing out of country field studies are not allowed to use school facilities to promote such activities. A school board employee organizing an activity out of country, with St. Johns county students participating, must clearly state in writing that the St. Johns County School District is in no way involved in the organization, support or endorsement of the field study.
32. Information on the summer student exchange program between the City of St. Augustine and its sister city, Aviles, Spain, may be distributed. Such distribution of information in no way implies affiliation or endorsement of an exchange program. It only recognizes the importance of increased international understanding.

FIELD STUDY INSTRUCTIONS

Field Studies will be classified under three categories:

TYPE A

Single day or partial day studies listed on the approved Field Study list. The principal or designee must electronically submit the TYPE A FIELD STUDY form (pg. 7) at least *10 days* in advance through eSchoolPlus. The data will then automatically forward to Risk Management for review of the insurance components and then forwards to Curriculum Services for approval. Requests to district Transportation for the use of school buses must be made at least *10 days* in advance. The principal will be responsible for following all guidelines and procedures listed in the Field Study Handbook. This includes single day athletic activities, drama events, and other like club activities. All information requested in this form must be complete and submitted before approval will be given. Failure to submit all information may result in cancellation of the activity.

TYPE B

Single day or partial day studies NOT listed on the approved Field Study list. The principal or designee must electronically submit the TYPE B FIELD STUDY form (pg. 8) at least *14 days* in advance through eSchoolPlus. The data will then automatically forward to Risk Management for review of the insurance components and then forwards to Curriculum Services for approval. Requests to district Transportation for the use of school buses must be made at least *10 days* in advance. In the event a school anticipates participation in athletic or other qualifying events, information should be forwarded to Risk Management as soon as dates and places are announced with a written explanation for late submissions.

TYPE C

All overnight and out of state Field studies require School Board approval. Approval must be obtained from the Superintendent and School Board prior to major fundraising and making contractual commitments. Requests for such activities not found on the pre-approved “C” list must be made by the principal using the TYPE C FIELD STUDY form (pg. 9) submitted electronically through eSchoolPlus at least ***12 WEEKS*** prior to departure. The data will then automatically forward to Risk Management for review of the insurance components and then forwards to Curriculum Services for approval. Events referenced on the pre-approved “C” list require 4 weeks processing time.(FHSAA sanctioned events) Upon receipt, along with the TYPE C FIELD STUDY form and all required documentation, the packet will be submitted to the Board. Final approval will be made by the School Board. Studies may not be approved where applications are late or lack requested information.

Whenever possible, required documentation for field studies referenced on the preapproved “C” list must be district reviewed 4 weeks in advance of the event. When the 4 week timeframe can’t be met, the office of risk management must be contacted to facilitate an accelerated approval. In all circumstances, required documentation must be reviewed and on file prior to the students participating in the field study.

Late Requests

Late Request requires a written explanation by the principal. All late submissions should be addressed to the Superintendent in memo form and submitted to Curriculum Services.

Medical forms/Parent permission forms must be on file at the school.

In times of national emergency or any other time when it is in the best interest of the health, safety, and welfare of students and employees, the School Board may revoke its approval and will assume no liability for reimbursement of costs or expenses incurred by the cancellation of any trip.

TYPE A FIELD STUDY

(Single day on the approved list-not automatically approved)

School: _____ Date: _____ Sponsoring Teacher: _____

Proposed Date: _____ Group/Club/Organization: _____

Destination: _____
(Name, Address, Contact Person, Phone Number)

Study is within 5 days of Standardized Testing Yes ___ NO ___ If yes, has study been pre-approved ? Yes ___ NO ___

Overview/Background Information: _____

Strategic Plan Impact: _____

Educational Purpose: _____

Mode of Transportation:

District Bus _____ Bike _____ Chartered Bus: _____
Volunteer _____ Walk _____ The Commercial Carrier is on the District's Approved Commercial Carrier List.
Rental Vans _____ Air _____ YES ___ NO ___ If yes, name of Carrier _____
Parent Responsibility _____

Volunteer Drivers and Van Users:

Volunteer Drivers not employed by the district must receive clearance from RSVP as an approved volunteer cleared to transport students. Please include their Keep N Track (KNT) ID number. If employee or coach, please enter employee ID#.

Driver: _____ ID _____ Driver: _____ ID _____

Driver: _____ ID _____ Driver: _____ ID _____

The following must be attached for each driver then faxed to Risk Management. Failure to fax will result in non-approval.

- Valid driver's license.
- Copy of each driver's automobile insurance coverage with limits of:
\$100,000-per person
\$300,000-per occurrence for bodily injury
\$ 50,000-property damage
- "Drivers of Volunteer Vehicles Form" found on page 12 of this handbook.

Estimated Cost of Study:

Number of Students: _____ Total Bus/Van Cost: _____ Miscellaneous Costs: _____

Number of Buses: _____ Total Cost per student: _____ Direct Cost to the School/District: _____

Admission Cost: _____ Detail Source of Funds: _____ How will Teacher/Chaperone
(If applicable) Expense be covered? _____

A list of participants has been provided to the school nurse and student medical needs have been reviewed:

Nurse needed: YES ___ NO ___ (Provide costs in miscellaneous costs)

Sponsoring Teacher Signature (full time district employee) _____ Print _____ Date _____

I acknowledge by signing my name, approval of this field study and compliance to all guidelines, procedures and policies contained in the Field Study Handbook. I further acknowledge information contained in the Field Study Handbook has been or will be communicated and shared with field study sponsors and faculty chaperones.

Principal Name/Designee Signature _____ Date _____

THIS FORM REMAINS AT THE SCHOOL LEVEL AND INFORMATION IS SUBMITTED ELECTRONICALLY THROUGH eSCHOOLPLUS

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TYPE B FIELD STUDY

(Single day not on the approved list)

School: _____ Date: _____ Sponsoring Teacher: _____

Proposed Date: _____ Group/Club/Organization: _____

Destination: _____
(Name, Address, Contact Person, Phone Number)

Study is within 5 days of Standardized Testing Yes ___ NO ___ If yes, has study been pre-approved ? Yes ___ NO ___

Overview/Background Information: _____

Strategic Plan Impact: _____

Educational Purpose: _____

Mode of Transportation:

District Bus _____ Bike _____ Chartered Bus: _____
Volunteer _____ Walk _____ The Commercial Carrier is on the district's Approved Commercial Carrier List.
Rental Vans _____ Air _____ YES ___ NO ___ If yes, name of Carrier _____
Parent Responsibility _____

Volunteer Drivers and Van Users:

Volunteer Drivers not employed by the district must receive clearance from RSVP as an approved volunteer cleared to transport students. Please include their Keep N Track (KNT) ID number. If employee or coach, please enter employee ID#.

Driver: _____ ID _____ Driver: _____ ID _____

Driver: _____ ID _____ Driver: _____ ID _____

The following must be attached for each driver and faxed to Risk Management. Failure to fax will result in non-approval.

- Valid driver's license.
- Copy of each driver's automobile insurance coverage with limits of:
\$100,000-per person
\$300,000-per occurrence for bodily injury
\$ 50,000-property damage
- "Drivers of Volunteer Vehicles Form" found on page 12 of this handbook.

Estimated Cost of Study:

Number of Students: _____ Total Bus/Van Cost: _____ Miscellaneous Costs: _____

Number of Buses: _____ Total Cost per student: _____ Direct Cost to the School/District: _____

Admission Cost: _____ Detail Source of Funds: _____ How will Teacher/Chaperone
(If applicable) Expense be covered? _____

A list of participants has been provided to the school nurse and student medical needs have been reviewed:

Nurse needed: YES ___ NO ___ (Provide costs in miscellaneous costs)

Sponsoring Teacher Signature (full time district employee) _____ Print _____ Date _____

I acknowledge by signing my name, approval of this field study and compliance to all guidelines, procedures and policies contained in the Field Study Handbook. I further acknowledge information contained in the Field Study Handbook has been or will be communicated and shared with field study sponsors and faculty chaperones.

Principal Name/Designee Signature _____ Date _____

THIS FORM REMAINS AT THE SCHOOL LEVEL AND INFORMATION IS SUBMITTED ELECTRONICALLY THROUGH eSCHOOLPLUS

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TYPE C FIELD STUDY

(Overnight and/or out of state)

On Pre-Approved List is 4 week processing

Non Pre-Approved is 12 week processing to include Board Action

School: _____ Date: _____ Sponsoring Teacher: _____

Proposed Date: _____ Group/Club/Organization: _____

Destination: _____
(Name, Address, Contact Person, Phone Number)

Study is within 5 days of Standardized Testing Yes ___ NO ___ If yes, has study been pre-approved ? Yes ___ NO ___

Overview/Background Information: _____

Strategic Plan Impact: _____

Educational Purpose: _____

Mode of Transportation:

District Bus _____ Bike _____ Chartered Bus: _____
Volunteer _____ Walk _____ The Commercial Carrier is on the district's Approved Commercial Carrier List.
Rental Vans _____ Air _____ YES ___ NO ___ If yes, name of Carrier _____
Parent Responsibility _____

Volunteer Drivers and Van Users:

Volunteer Drivers not employed by the district must receive clearance from RSVP as an approved volunteer cleared to transport students. Please include their Keep N Track (KNT) ID number. If employee or coach, please enter employee ID#.

Driver: _____ ID _____ Driver: _____ ID _____

Driver: _____ ID _____ Driver: _____ ID _____

The following must be attached for each driver then faxed to Risk Management. Failure to fax will result in non-approval.

- Valid driver's license.
- Copy of each driver's automobile insurance coverage with limits of:
\$100,000-per person
\$300,000-per occurrence for bodily injury
\$ 50,000-property damage
- "Drivers of Volunteer Vehicles Form" found on page 12 of this handbook.

Estimated Cost of Study:

Number of Students: _____ Total Bus/Van Cost: _____ Miscellaneous Costs: _____
Number of Buses: _____ Total Cost per student: _____ Direct Cost to the School/District: _____
Admission Cost: _____ Detail Source of Funds: _____ How will Teacher/Chaperone
(If applicable) Expense be covered? _____

A list of participants has been provided to the school nurse and student medical needs have been reviewed:

Nurse needed: YES ___ NO ___ (Provide costs in miscellaneous costs)

Sponsoring Teacher Signature (full time district employee) Print Date

I acknowledge by signing my name, approval of this field study and compliance to all guidelines, procedures and policies contained in the Field Study Handbook. I further acknowledge information contained in the Field Study Handbook has been or will be communicated and shared with field study sponsors and faculty chaperones.

Principal Name/Designee Signature Date

THIS FORM REMAINS AT THE SCHOOL LEVEL AND INFORMATION IS SUBMITTED ELECTRONICALLY THROUGH eSCHOOLPLUS

Board Approved 8.12.14 (Revised July 2017)

CHARTER BUSES, RENTAL VANS AND PRIVATE AUTOMOBILES

Information Sheet

Chartered Bus:

Only Chartered Bus Companies on the St. Johns County School District's approved Authorized Commercial Carrier List can be contracted by individual schools. Applications for commercial carriers not on the approved list may be requested from Risk Management. (547-7554)

Private Automobiles or Rental Vans:

- a. A written list with the names and KNT ID# of all drivers.
- b. Copies of the driver license of each driver.
- c. Private automobiles require proof of automobile insurance with a minimum of \$100,000 per person, \$300,000 per occurrence for bodily injury, and \$50,000 property damage. Rental vans do not require liability insurance.
- d. Please note, 12 and 15 passenger vans are not permitted for use by any St. Johns County school.

The above information must be complete and forwarded to Risk Management before approval will be given. The principal should maintain a confidential list of all approved drivers and include the required information. A copy of the form, "Drivers of Volunteer Vehicles" (pg. 12), should be on file and should include the volunteer's signature.

All drivers, all volunteers, all chaperones must have cleared the criminal background record check conducted by RSVP.

MEDICAL INFORMATION FORM
(Required for any student requiring medication or medical attention)

Child's Name: _____

Date of Birth: _____

Health Insurance Provider and # of Medical Plan: _____

Doctor's Name & Phone #: _____

Parent's Contact Number: Cell: _____ Work: _____ Other: _____

If parents cannot be reached in an emergency, please contact:

Name: _____ Phone #: _____

LIST ANY AILMENTS, DISABILITIES OR PROBLEMS INVOLVING YOUR CHILD WHICH MIGHT AFFECT HIS/HER PARTICIPATION.

Asthma _____

Diabetes _____

Nightmares _____

Allergies _____

Ear Infection _____

Sinus _____

Bronchitis _____

Epilepsy _____

Sleepwalking _____

Bed Wetting _____

Heart Disease _____

Other _____

Information of which sponsors should be aware:

1. Unusual reactions or allergies to drugs.
2. Special care needed while on activity.
3. Special instructions to medical personnel if emergency care is needed.
4. Significant health problems of student.

All prescription and non-prescription medication to be administered by trained school personnel during the field study must have an Authorization to Administer Medication form signed by both the parent/guardian and the physician ordering the medication if not already on file in the school clinic. All medication must be received in the original container with current Rx label including student's name, dosage, and frequency of administration, physician's name, and expiration date of medication. All non-prescription medication in the possession of students at the middle and high school level not administered by school personnel must be in the original container and requires written permission from the parent to the school.

All medication and required documentation must be cleared through the **School Clinic** prior to the field study.

Name of Medicine: _____

What it is to be used for: _____

How it is to be given: _____ Quantity to be given: _____ Time to be given: _____

Parent's Signature _____

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the supervisor provide treatment for my child named above.

Name: (Print) _____

Parent's Signature: _____ Date: _____

DRIVERS OF VOLUNTEER VEHICLES

School: _____ Function: _____

Date: _____

Re: Volunteers Transporting St. Johns County School District Students

Dear _____

We appreciate your help and cooperation in transporting our students. Since you have offered your services it is only fair that we, the school, and the School Board ensure that you are aware of the situation in which parents, teachers and volunteers place themselves when they transport pupils in private vehicles.

Employees, parents, and chaperones driving their own vehicles on school-related activities should be aware that they assume personal financial liability if an accident should occur. All vehicle owners are responsible for loss and accidental damage to their automobiles.

All students must wear seat belts “in a properly adjusted securely fastened manner.” There must be a seat belt for each pupil transported. Each volunteer driver must provide a copy of their insurance coverage and driver’s license. This information is forwarded to Risk Management and kept on file with the school principal. The information is kept confidential.

While using or operating a motor vehicle with the approval or authority of the school district on a school function, you are **not** covered for third party liability damages in excess of your required coverage. Please understand it is your personal insurance providing coverage for liability and injury. Therefore, it is essential your insurance policy provides a minimum of \$100,000 per person, \$300,000 per occurrence for bodily injury, and \$50,000 property damage.

You should have the names, addresses and phone numbers of all passengers. Your vehicle should be in good repair. You should know the routes, schedules, and details of all activities. The number of students transported will be limited by the specified capacity limits of your vehicle and the corresponding seat belts provided.

Thank you for your valuable assistance and extra effort you put into our schools’ activities.

Sincerely,

Principal

Printed Name of Volunteer Driver: _____ *KNT ID#* _____

Signature of Volunteer Driver: _____ *Date:* _____

ST. JOHNS COUNTY SCHOOL DISTRICT
FIELD STUDY
AUTHORIZED CARRIER DRIVER VERIFICATION FORM

Prior to departure, designated field study Sponsors or their designees, must verify that carrier drivers are approved to drive St. Johns County students by:

- 1) checking the individual bus operator's driver's license and*
2) verifying that the driver is listed under the approved carrier list. [Approved carrier lists can be found in Risk Management's website.]

Date of Field Study: _____

Field Study: *(Provide BRIEF description – Ex: 8th grade Washington DC or 3rd grade NASA)*

I have confirmed and checked the following:

1. _____ The driver presented his Driver's License to me for visual identification verification.
2. _____ The driver's name is listed as an authorized driver in Risk Management's approved carrier list.

**** _____ **The driver was not allowed to drive because** _____
(List Reason #1 or #2).

Additional Information

Name of Person conducting Verification [PRINT]
(Ex: Ann Jones or Tom Franklin)

Title
(Ex: Sponsor, Teacher or Chaperone)

School

**ST. JOHNS COUNTY SCHOOL DISTRICT
PARENT PERMISSION FORM FOR FIELD STUDY ACTIVITIES**

School: Julington Creek Elementary School

I/We, the parents/guardians of the student named below, understand the nature of the activity being planned to:

River of Life's Fall Festival on Sat., Oct. 21, 2017
(DATE)

Time: Leave: 11:40 A.M. Return: 12:30 P.M. We understand transportation will be by:

Parents at a cost of \$ 0 Dollars
(MODE OF TRANSPORTATION)

We acknowledge our student is in good health and the tudy does not pose a health hazard to my student. *We also understand in times of national emergency or any other time when it is in the best interest of the health, safety and welfare of students and employees, the School Board may revoke its approval assuming no liability for reimbursement of costs or expenses incurred by the cancellation of any activity.*

I/We hereby grant permission and give my/our consent for my student to (1) be treated by any qualified nurse, physician, or surgeon as may be deemed necessary by the district, its agents, servants, or employees during the activity; (2) be administered medication and/or emergency first aid care as may be necessary or appropriate; and (3) receive treatment in hospitals, medical offices, or elsewhere in the event of accident or illness. To assist in that medical care or treatment, I/we represent that the medical information supplied on the Medical Information Form and or the School Health Card is true and accurate The district, its agents, servants, or employees are not responsible for acts or omissions of third parties as a result of securing medical care. I/We will hold the district and its agents, servants, or employees harmless and indemnify them from any claim, cause of action or demand arising out of any form of or the lack of medical or emergency treatment rendered to my student.

In the event that a student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

My student, by his/her signature hereto, fully agrees and consents to the foregoing with permission to participate in the listed field study.

Student's Name (Print): _____

Signature of Student

Date

My student requires medication and/or medical attention: YES ____ NO ____

If yes, you must complete the Medical Information Form (obtained from the activity supervisor) and provide the medication to the personnel trained to administer the medication.

Signature of Parent/Guardian

Date

Cell Phone

Work Phone

Home Phone

Emergency contact, if parent unavailable _____

Phone _____

Family Physician _____

Phone _____

Health Insurance Provider _____

Policy# _____

DISTRITO ESCOLAR DEL CONDADO DE ST. JOHNS
AUTORIZACIÓN DE PADRE DE FAMILIA PARA LAS ACTIVIDADES DE EXCURSIÓN ESCOLAR

Escuela _____

Yo/Nosotros los padres de familia/tutores del estudiante que se indica a continuación, entendemos la naturaleza de la excursión que se está planificada para:

_____ el _____

(FECHA)

Hora: Salida: _____ Regreso: _____ Entendemos que el transporte será realizado por:

_____ a un costo de \$ _____

(MEDIO DE TRANSPORTE)

Reconocemos que nuestro estudiante se encuentra en buen estado de salud y que la excursión no representa ningún riesgo de salud para él(ella). ***También entendemos que en momentos de emergencia nacional o en cualquier otro momento en que se tenga que proceder en el mejor interés de la salud, seguridad y bienestar de los estudiantes y empleados, la Junta de Educación puede revocar su aprobación sin asumir responsabilidad por el reembolso de costos o gastos incurridos por la cancelación de cualquier excursión.***

Yo/Nosotros otorgamos permiso y damos mi/nuestro consentimiento para que mi estudiante: 1. pueda ser atendido por una enfermera calificada, médico o cirujano, según se considere necesario por el distrito, sus agentes, servidores o empleados durante la excursión; 2. que se le administren medicamentos o cuidado de primeros auxilios, según sea necesario o apropiado; y 3. que reciba tratamiento en hospitales, consultorios médicos o en cualquier otro lugar en caso de accidente o enfermedad. Para colaborar con dicho cuidado médico o tratamiento yo/nosotros manifestamos que la información médica proporcionada en el formulario de información médica y/o en la tarjeta de salud de la escuela, es verdadera y exacta. En el caso de una herida que requiera de atención médica, yo/nosotros entendemos y aceptamos que ni el distrito, sus agentes, servidores o empleados son responsables por la obtención o por el resultado de cualquier tratamiento médico o de emergencia que sea suministrado o proporcionado a mi estudiante. Yo/Nosotros mantenemos libre de daños e indemnización al distrito y a sus agentes, servidores o empleados, por cualquier reclamo, causa de acción o demanda que surja de cualquier forma o por la falta de tratamiento médico o de emergencia rendido a mi estudiante.

En el caso de que un estudiante deba regresar a la escuela de manera independiente por razones de salud, accidente o por no cumplir con las reglas establecidas por el maestro a cargo, etc., estamos de acuerdo en aceptar la total responsabilidad de esta y del pago por el costo de cuidado médico, transporte y otros gastos incidentales. Esta boleta de autorización también sirve como un contrato para indicar que el estudiante y el(los) padre(s) entiende(n) y acepta(n) los lineamientos de cada maestro para compensar las tareas faltantes.

Mi estudiante por medio de su firma, acepta completamente y da su consentimiento para lo anterior con autorización para participar en la excursión escolar mencionada.

Firma del estudiante

Fecha

Firma del padre de familia/tutor

Fecha

Teléfono celular

Teléfono del trabajo

Teléfono de la casa

Contacto de emergencia, si el padre no está disponible _____

Teléfono _____

Médico de cabecera _____

Teléfono _____

Proveedor de seguro médico _____

Número de póliza _____

Si el estudiante requiere de medicamentos durante esta excursión y/o existe información que debe ser del conocimiento de los patrocinadores, entiendo que estoy obligado a completar el formulario de información médica (obtenido del supervisor de la excursión) y a proporcionar el medicamento al personal capacitado para administrarlo.