



APPROVAL TO PLAN A FIELD TRIP

Planning Overnight, Wilderness, and International Field Trips

This form must be submitted by the teacher for pre-approval to the Principal before involving staff, parents/guardians, and students in the field trip plans.

Type of Field Trip Check **all** that Apply:

- ☐ **Overnight:** Any school-sponsored academic activity within the continental United States lasting one or more nights.
- ☐ **Wilderness:** Any school-sponsored activity that includes a trip involving especially hazardous activities and/or travel to a wilderness area, water activities, rope courses, etc. (for example Forest Park)
- ☐ **International:** Any school-sponsored academic activity that takes students beyond the borders of the continental United States (Alaska or Hawaii) or to any other country, including Canada and Mexico

☐ **Amusement Park**

This trip is: ☐ **Required** ☐ **Optional**

School(s): _____

Trip Leader: _____

Department/Class/Team: _____

Tentative Number of Students: _____

Proposed Dates of Field Trip: _____

Proposed Destination: _____

Educational Objectives:

Include anticipated special needs, hazards, and/or concerns, and plans to address those items.

Review the categories on the Field Trip Request Form for additional considerations:

General Description/Proposal: (attach additional pages as needed) _____

Principal:

Print Name: _____ **Signature:** _____ **Date:** _____

Reg Superintendent (required for overnight & international trips)

Print Name: _____ **Signature:** _____ **Date:** _____

Once this form is approved by the Principal, please complete the Field Trip Request Form packet and return signed forms along with a sample copy of the parent permission form Risk Management at riskcomp@pps.net



**FIELD TRIP REQUEST FORM FOR
WILDERNESS – OVERNIGHT – INTERNATIONAL TRIPS**

Follows Administrative Directive [6.50.011](#) – AD Field Trips

All fields must be complete at time of submission

If space is not sufficient on this form, supporting information should be attached.

Check all that apply: ☐ Wilderness ☐ Overnight ☐ International
☐ Camp ☐ Water Activity ☐ MESD

A. School: _____ **Participating grade level(s):** _____

Principal's Name: _____ Department/Class/Team: _____

Approval to Plan attached? ☐ Yes ☐ No

Trip Itinerary attached? ☐ Yes ☐ No

Activity planned: _____ ☐ Trip optional ☐ Trip required (no charge to student)

Destination: (include address) _____

If there will be more than one destination on this trip, please attach a separate sheet and provide all remaining destinations and addresses.

If trip is out of state, state number of miles from BESC to destination: _____ (Board approval needed for trips farther than 150 miles from BESC.)

*If International, administrator attending: _____

Departure date: _____ Departure time: _____ : _____ ☐ AM ☐ PM

Return date: _____ Return time: _____ : _____ ☐ AM ☐ PM

Educational Objectives: _____

Total Number of teacher/staff on trip:(list below) _____

1. Trip leader name: _____ PPS Employee Email: _____

PPS Employee ID: _____ Cell Phone Number: _____

Trip Leader Gender: ☐ Male ☐ Female ☐ Non-Binary

2. Name: _____ PPS Employee Email: _____

PPS Employee ID: _____ Cell Phone Number: _____

Gender: ☐ Male ☐ Female ☐ Non-Binary

3. Name: _____ PPS Employee Email: _____

PPS Employee ID: _____ Cell Phone Number: _____

Gender: ☐ Male ☐ Female ☐ Non-Binary

4. Name: _____ PPS Employee Email: _____

PPS Employee ID: _____ Cell Phone Number: _____

Gender: ☐ Male ☐ Female ☐ Non-Binary

If there will be more than four (4) teacher/staff members on this trip, please attach a separate sheet and provide all remaining staff names, emails, employee IDs, and cell phone numbers. If a separate sheet is attached, please check this box: ☐

Number of parents/volunteers/chaperones/student teachers accompanying students: _____

In accordance with PPS Administrative Directive [5.10.141-AD](#), when trips require parents/volunteers, the District requires a criminal records screening for each participating parent/volunteer. Please have parents/volunteers read the [Volunteer Code of Conduct](#) and complete the online [Volunteer Background Check](#). Approvals are valid for three (3) years. Contact Security Services with questions at (503) 916-3000.

Names of Parents/Volunteers/Chaperones:
(required)

Gender:
(required)

Approval Expires:
(required)

Cell Phone Number:
(required)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there will be more than four (4) parents/volunteers on this trip, please attach a separate sheet and provide all remaining Parents/Volunteers names and cell phone numbers. If a separate sheet is attached, please check this box: ☐

Number of students on the trip: _____ No. of Males: _____ No. of Females: _____ No. of Non-Binary: _____

Ratio of adults to students: _____ (Ratio not less than 1:10 for elementary; 1:15 for middle school; 1:20 for high school)

First Aid/CPR Qualified Individual(s) – Required (attach proof of certification)

(All wilderness, overnight and international field trips require that at least one appropriately trained adult holding valid First Aid and CPR certifications. Parents, volunteers, chaperones student teachers, and program leaders may fill this requirement.)

Name: _____ Role/Title: _____

Name: _____ Role/Title: _____

B. Accommodations necessary for students with special needs (wheelchair, other assistive devices - see online guidance document):

C. Mode of Travel:

☐ Private Vehicle: (must include detailed explanation) Total No. of Vehicles: _____

Vehicle 1 Make: _____ Model: _____ Seating Capacity: (include driver) _____

Vehicle 2 Make: _____ Model: _____ Seating Capacity: (include driver) _____

Vehicle 3 Make: _____ Model: _____ Seating Capacity: (include driver) _____

Vehicle 4 Make: _____ Model: _____ Seating Capacity: (include driver) _____

If there will be more than four (4) vehicles on this trip, please attach a separate sheet and provide all remaining vehicles makes and models.

If a separate sheet is attached, please check this box: ☐

Private vehicles: Drivers complete "[Driver/Vehicle Statement of Qualification](#)" and attach copies of driver license and up to date auto policy information.

☐ District Vehicle: (complete Field Trip Transportation Request via student transportation website)

☐ Bus Trip Number to Destination: _____ Trip Number from Destination: _____
(overnight only)

☐ Vans

Name(s) of Type 10 Certified Drivers: _____

☐ Commercial Carrier Name: _____
(ODE approved list)

☐ Trimet: _____

☐ Airline Travel: (forward flight itinerary and vehicle rental from airline or booking agent)

D. Lodging arrangements: (all fields required for all overnight trips)

☐ If more than one facility is being used for lodging on this trip,
please attach a separate sheet and provide remaining destinations and addresses.

Facility Name and Address: _____

Facility Phone: _____ Facility Website: _____

Special clothing, supplies, equipment, or funds needed: _____

Additional safety measures or considerations: _____

Explain sleeping arrangements in regards to where students will be, how male and female students will be separated, and where chaperones will be stationed: _____

☐ Room assignments provided as separate attachment.

E. Costs

IF TRIP IS REQUIRED, STUDENTS CANNOT BE CHARGED ANY FEE FOR THE TRIP

Total cost per person: _____ Amount provided by school: _____
(total cost of trip divided by total number of attendees)

Amount provided by student : _____ Amount provided by other sources: _____

Any scheduled fund-raising events: _____

F. Organization providing travel services, if any:

Proposed cost of services: _____
(Proposed contract to be presented to the District must be attached – TEACHERS CANNOT SIGN ANY CONTRACTS)

Copy of proposed contracts with organizations providing travel services (when applicable) attached: ☐ Yes ☐ No

G. Publicity planned: ☐ Yes ☐ No [Photo/Video Best Practices](#)

H. CHECK APPROPRIATE BOXES AND ATTACH the required forms for student travel with trip information filled in:

☐ For overnight and wilderness trips: Attach a sample copy of the first page of the "Parent/Guardian Permission for Student Travel Within U.S.". Please attach a trip itinerary, room/ cabin assignments, program brochures and any other supporting documents.

☐ For international trips, school will check for individual student travel documents – passports required for all foreign travel. Attach a sample copy of the first page of the "Parent/Guardian Permission for Student Travel Outside the U.S.", copy of approved "Approval to Plan a Field Trip", sample copy of "Home Stay Information and Parent/Guardian Permission Form".
(if applicable to this trip).

☐ For trips to camps, a contract signed by Purchasing & Contracting is required if the camp's own staff lead activities or will have substantial contact with students. A copy of the fully executed contract must be provided to Risk Management for the trip to be approved.

☐ Exclusion: MESD-led camp trip

☐ Water activity trips (i.e. kayak, canoe, jet boat, etc.) require a contract signed by Purchasing & Contracting. A copy of the fully executed contract must be provided to Risk Management for the trip to be approved. Willamette Jet Boat excursions require specific language on the permission slip before copies go home to parents.

I. Approval Signatures Required: Note to Principal – For international trips, the Principal should attach an explanation as to why a trip within US borders cannot provide a similar academic experience.

TRIP LEADER

Print Name: _____ Signature: _____ Date: _____

With my signature, I am submitting this field trip for review and consideration for approval. I attest that in accordance with PPS Board policy [6.50.010-P](#) and Administrative Directive [6.50.011-AD](#), I am an authorized district employee and I planned this field trip with the pre-approval of my principal. All of its included activities are focused on student safety, educational objectives, and appropriate and reasonable supervision, lodging, and transportation. I attest that all chaperones listed are on record as PPS approved with a background check by PPS Security Services.

PRINCIPAL

Print Name: _____ Signature: _____ Date: _____

In accordance with PPS Board policy [6.50.010-P](#) and Administrative Directive [6.50.011-AD](#), I approved the planning of this field trip and have reviewed this field trip request, and all of its included activities for student safety, educational objectives and for the appropriateness and reasonableness of supervision, lodging, and transportation. I attest that all chaperones listed are on record as PPS approved with a background check by PPS Security Services. This field trip is approved.

RISK MANAGEMENT

Print Name: _____ Signature: _____ Date: _____

Required For Overnight & International Trips Only:

REGIONAL SUPERINTENDENT

Print Name: _____ Signature: _____ Date: _____

In accordance with PPS Board policy [6.50.010-P](#) and Administrative Directive [6.50.011-AD](#), I have reviewed this field trip request, and all of its included activities for student safety, appropriateness and reasonableness of supervision, lodging, transportation, and protection of the District's potential liabilities. This field trip is approved.

J. Processing Directions:

- Attach any proposed contracts, and forms required in section H. We welcome any additional information about the trip, such as program brochures, websites, etc.
- Principal or their designee (with cc: to Principal) forwards signed form and attachments via e-mail to riskcomp@pps.net
- Risk Management staff review, ask clarifying questions, return form with approval signature to trip leader, secretary, and Principal via e-mail. In state travel, will require a minimum of 10 days for processing. Out-of-state travel farther than 150 miles from BESC will require approval by the school board. Please ensure submission of your field trip documents allow for a minimum of 21 days of review by Risk Management, as well as time for the item to be added to the business agenda of the next scheduled board meeting. International trips require a minimum of 60 days to process. Risk Management will retain a digital record for three (3) years. Schools shall retain permissions slips for three (3) years.



**PARENT/GUARDIAN PERMISSION SLIP FOR
STUDENT TRAVEL WITHIN THE UNITED STATES**

**WILDERNESS – OVERNIGHT – INTERNATIONAL TRIPS
RELEASE OF LIABILITY AND HOLD HARMLESS**

Check all that apply: ☐ Wilderness ☐ Overnight ☐ International

☐ Camp ☐ Water Activity ☐ MESD

☐ Amusement Park

Permission is granted for my child to participate in the following activity:

School(s): _____

Departure date: _____ Return date: _____

Activity Planned: _____

Department/Class/Team: _____ Trip leader: _____

Destination: (include address) _____

Educational Objective: _____

Special clothing, supplies, equipment, or funds needed: _____

Additional Information: _____

Mode of Travel: ☐ Private Vehicle ☐ District Vehicle (bus/vans) ☐ Commercial Carrier ☐ Trimet

Read carefully and understand each detail before signing:

It is the priority of Portland Public Schools (District) to provide educational experiences in which the District can assure the student and parent/guardian a reasonably safe environment. In traveling off District property, parents must first acknowledge potential risks which might be encountered, and approve their student's participation.

SPECIAL WARNING

1. The District's representation and that of its representative(s) is that a quality educational experience will be pursued.

2. The dangers that are present in this trip are those commonly experienced by and known to all persons traveling with young people within the United States. The District cannot and does not claim to control such dangers. Parents wishing more information regarding the trip and its leadership should contact the Trip Leadership.

3. Participants must exercise the appropriate level of maturity and self-discipline for their age and extend the effort necessary to protect their individual safety. Each participant is urged to be continually on guard for the safety of others in the group and circumstances which impair that safety.

4. Parents must inform themselves of the level of supervision that will be on the trip, the details of the trip, and then judge for themselves, considering their student's maturity and whether their student is able to accept direction and function responsibly and safely as a trip member.
5. The District and Trip Leadership is not responsible for the safety of non-district public transportation, traffic hazard situations, unlawful behavior of strangers and other dangers, and cannot be expected to control student behavior which is contrary to the directions given to the student or individuals in the group.
6. The District has purchased an accident and emergency sickness insurance policy for students on field trips. The maximum benefit payable per accident is in excess of any other insurance.

As a parent(s) or legal guardian(s) of _____, or as an emancipated student traveling with the Group, I/we, the undersigned, hereby release and agree to defend and hold harmless Portland Public School District #1J, Multnomah County, Oregon (District), its officers, agents, employees including Trip Leadership and their assigns from any claims from any person, entity or estate, in any forum that may arise against them by reason of property loss or injury and/or death resulting from any cause including, but not limited to, the student or other students having failed to properly carry out instructions from the Trip Leadership, but *excepting* those which occur because the Trip Leadership negligently failed to take reasonable steps available to it to protect the student from an immediate substantial hazard actually known to the Trip Leadership.

My student's medical information is current and on file at the school. ***If it is indicated above that my child is traveling by private vehicle on this field trip,*** I hereby grant permission for my child to travel by private vehicle. I understand that Portland Public Schools has verified the volunteer parent or staff driver has a valid driver's license and his/her vehicle meets or exceeds the minimum insurance requirements mandated by the State of Oregon.

Please note any medical conditions of which the District should be aware: _____

_____	_____	_____	_____
Parent/Guardian Name	Phone	Emergency Contact Name	Phone

I hereby give Portland Public Schools (or its representative designee) authority to seek emergency medical treatment for my child.

Signature of Parent/Guardian _____ **Date:** _____

Signature of Traveling Student _____ **Date:** _____

While considering approval of the Willamette Jet Boat experience for the your child, parents are encouraged to learn more about the Willamette Jet Boats operation by reviewing the company's website and participant waiver at www.willamettejet.com. The company can also answer your questions about the jet boat operations at 503.231.1532