

## OUT OF COUNTY OR OVERNIGHT STUDENT TRAVEL / FIELD TRIP AUTHORIZATION

**TUSD PROHIBITED ACTIVITIES:** Under no circumstances are students, staff or chaperones allowed to participate in the following activities.

- ✓ Swimming (pool, beach, snorkeling, scuba diving, etc.)
- ✓ Zip line use
- ✓ Any Climbing activities over 10 feet from ground (climbing wall or rope)
- ✓ Trampoline activities or facilities

**OVERNIGHT TRIPS:**

- Student Travel / Field Trip Authorization Form [**Form FT1000C**]
- Activity Specific Parent Permission Form [**Form FT1001**]
- Student Travel / Field Trip Roster [**Form FT1004**]
- Overnight Travel Itinerary [**Form FT1005**]
- Overnight Travel Itinerary Addendum [**Form FT1006B**]
- Brochure, Flyer or Parent Letter on Event**
- Overnight Travel Emergency & Medication Form (submit 2 weeks prior to trip) [**Form HEA2108**]  
Note: Send parent letter *Student Overnight Travel Medical Information Notice To Parent* along with HEA2108.
- Overnight Travel Medication Log [**Form HEA2107**]  
(Do not print unless parent indicates on form HEA2108 medications will be given)

**DISTRICT VEHICLE BEING USED:** \*Forms below must be in possession of Transportation department one week prior to event for in-state travel and 8 weeks prior to event for out-of-state travel. PLEASE DO NOT USE IF WALKING TO DESTINATION OR USING A VENDOR FOR TRANSPORTATION (i.e. airplane, privately rented van or bus).

- Student travel and/or transportation request (School and appropriate Leadership Team) [**Form TRN1100**]
- Overnight Travel Itinerary Form [**Form FT1005**] or Day Travel Itinerary Form [**Form FT1006**]

**NON-DISTRICT VEHICLE BEING USED:** Use this form if parents are driving students. (KEEP INFORMATION AT THE SITE)

- Provisions of Transportation and Supervision for Children on School Excursions [**Form FT1002**]  
(Must attach copy of current driver's license and copy of insurance for every driver of a private vehicle. Only AZ licensed drivers can drive.)

## OUT OF COUNTY OR OVERNIGHT STUDENT TRAVEL / FIELD TRIP AUTHORIZATION

Please check the following:

Overnight Travel (Superintendent Approval Required)       Out of County Travel (Superintendent Approval Required)

### Trip Information

School/Site: \_\_\_\_\_ District Department/Office: \_\_\_\_\_

Trip Leader:

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Last First MI

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Person requesting permission for trip, if other than the trip leader:

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Last First MI

Phone (work): \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Event: \_\_\_\_\_

Trip destination: (Name of destination and complete address, including city and state)

Destination/Location Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

**Justification: What is the purpose of the trip and how does it align with curriculum standards, if applicable?** If using tax credit funds, please provide a detail justification how this trip supplements the education program of the school. Tax credit funds are extra-curricular which are optional and non-credit.

### Itinerary

A complete itinerary **must** be submitted with this travel authorization. Itinerary times, dates, and locations cannot deviate without an amended and approved change. All changes involving transportation, routes, or student count must be approved with the Transportation department (central, east or west) facility servicing your school.

If this is an Overnight Trip an FT1005 and a room assignment list must accompany the packet.

**Student Ratios for Supervision**

Grade level of students participating: PreK  K  1  2  3  4  5   
 (Check all that apply) 6  7  8  9  10  11  12

**Adult to Student Ratio** – Supervising / Chaperone adults responsible to monitor students to be listed here.

Number of Certified Staff traveling	Number of Non-certified TUSD staff traveling	Number of Volunteers traveling	Total Number of Adults traveling	Total Number of Students traveling	Required Ratio Met?	All Non-Parent Volunteers Fingerprinted and cleared for travel?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Adult to student ratios meet the minimum requirements for Overnight Trips/Outside Pima County.**

Ratio by grade level: PreK, K-3: 1:8 4-5: 1:8 6-8: 1:15 9-12: 1:20

**Note:**

- Applicable expenses may occur for chaperones, therefore tax credit funds may be utilized ONLY when the number of chaperones does NOT exceed the district's minimum adult to student ratio requirements.
- Chaperones must be representative of the student genders that will participate in the trip.
- Tax Credit funds **cannot** be used for PreK activities.

**TUSD Employee(s)**

EMPLOYEE NAME	SCHOOL OR DEPARTMENT	POSITION	SUBSTITUTE REQUIRED
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sub (Days:___)
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sub (Days:___)
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sub (Days:___)
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sub (Days:___)

**Adult Chaperone(s)**

**Note: Parents of TUSD students do not need Fingerprint Clearance.**

CHAPERONE NAME	RELATIONSHIP TO STUDENT	FINGERPRINT CLEARANCE
		<input type="checkbox"/> Yes <input type="checkbox"/> Parent
		<input type="checkbox"/> Yes <input type="checkbox"/> Parent
		<input type="checkbox"/> Yes <input type="checkbox"/> Parent
		<input type="checkbox"/> Yes <input type="checkbox"/> Parent

**Type of Transportation Required** (Check all that apply) Include # of each type needed.

**NON TUSD TRANSPORT:**

Walking  Rented # \_\_\_\_\_  Private # \_\_\_\_\_  Other # \_\_\_\_\_

**Note:** 15 passenger vans are not permitted.

**TUSD TRANSPORTION NEEDED:** (If checked, travel packet must include a TRN1100)

**TUSD BUSES USED FOR FIELD TRIPS ARE AVAILABLE ONLY BETWEEN 9:15 AM & 12:45 OR ANY TIME AFTER 4:30 PM (M-F)**

\* (MAXIMUM NUMBER OF PASSENGERS PER BUS IS 75 ELEMENTARY; 65 MIDDLE SCHOOL; 55 HIGH SCHOOL)

**Trip Needs for Site Use ONLY**

Does a school van need to be reserved?:  Yes  No (If Yes, do not submit a TRN1100.)

**Trip Expenses**

Required Expenses: (Check all that apply. Submit dollar amount and budget code for each required expense.)

- Rental Car/Van \$ \_\_\_\_\_  Charter Bus \$ \_\_\_\_\_
- Lodging \$ \_\_\_\_\_  Meals \$ \_\_\_\_\_
- Non-TUSD Transportation (airfare should reflect actual advance purchase fare) \$ \_\_\_\_\_
- Other (Specify) \$ \_\_\_\_\_

Any additional fees such as parking and driver room must be provided by group requesting transportation if the trip exceeds 15 hours or is overnight.

Expenses to be paid by: (Please check all that apply)

- TUSD  Tax Credit (Fund 526)  Student Club (Fund 850)  AIA  PTO/Booster
- Individual  State/Federal/Externally Funded Program (specify) \_\_\_\_\_

**Budget Code #1:**

General Ledger String \_\_\_\_\_ \*Amount \$ \_\_\_\_\_  
 Activity Name (If applicable) \_\_\_\_\_

**Budget Code #2:**

General Ledger String \_\_\_\_\_ \*Amount \$ \_\_\_\_\_  
 Activity Name (If applicable) \_\_\_\_\_

**Budget Code #3:**

General Ledger String \_\_\_\_\_ \*Amount \$ \_\_\_\_\_  
 Activity Name (If applicable) \_\_\_\_\_

**Budget Code #4:**

General Ledger String \_\_\_\_\_ \*Amount \$ \_\_\_\_\_  
 Activity Name (If applicable) \_\_\_\_\_

\*Include a 10% contingency to cover increases in airfare, lodging, etc.

**GRAND TOTAL AMOUNT** \$ \_\_\_\_\_

Estimated cost per student participant \$ \_\_\_\_\_

**Trip Approval (REQUIRED)**

**Trip Leader Signature**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**High School Finance Manager approval signature** ( Not applicable)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Principal / Department Head approval signature**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CTE / Fine Arts / Interscholastics Source approval signature** ( Not applicable)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Regional Assistant Superintendent's Office approval signature**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Trip Approval (If Applicable)**

**Funding Source approval signature** ( Not required)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Risk Management approval signature**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Finance Department approval signature** ( Not required)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Finance Department approval signature** ( Not required)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Superintendent approval signature**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Date Packet Scanned Back to Site:** \_\_\_\_\_  Approved  Not Approved

**Date AMENDED Packet Scanned Back to Site:** \_\_\_\_\_  Approved  Not Approved

**TUCSON UNIFIED SCHOOL DISTRICT  
STUDENT TRAVEL/TRANSPORTATION REQUEST FORM**

**(COMPLETED BY REQUESTER – PLEASE TYPE)**

Requestor _____	School/Dept. _____	Date _____
Place of Departure _____	Destination Addr. _____	
Purpose of Travel _____		

\* (MAXIMUM NUMBER OF PASSENGERS PER BUS IS 75 ELEMENTARY; 65 MIDDLE SCHOOL; 55 HIGH SCHOOL)

**FIELD TRIP BUSES ARE AVAILABLE ONLY BETWEEN 9:15 AM & 12:45 OR ANY TIME AFTER 4:30 PM (M-F)  
AFTER HOURS, WEEKENDS, & HOLIDAYS, CALL DISTRICT SECURITY**

<b>TIMES/DATES:</b> Departure Date _____ P/U Time From Site _____ Return Date _____ P/U Time From Event _____	<b>NUMBER OF PASSENGERS:</b> Students _____ Certified Staff _____ Non Certified _____ Volunteers _____	<b>SPECIAL TRANS. NEEDS:</b> Wheelchairs _____ Seatbelts _____ Other _____
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**TYPE OF TRANSPORTATION REQUIRED**

**(CHECK ALL THAT APPLY)**

**TRANSPORT NEEDS:**

CHARTER  SCHOOL BUS  ROAD BUS

**DESTINATION:**

LOCAL  NON-LOCAL

**TRIP EXPENSE FUNDING SOURCE(S)**

**MUST BE FILLED OUT COMPLETELY**

**BILL TO:**  
STATE/FEDERAL  SPECIFY \_\_\_\_\_ PTO  TAX CREDIT  STUDENT FINANCE  AIA  COST \$ \_\_\_\_\_  
OTHER  SPECIFY \_\_\_\_\_ BILLING ADDRESS \_\_\_\_\_  
ORGANIZATION NAME \_\_\_\_\_ BUDGET CODE TRANSFER \_\_\_\_\_  
NAME OF ADMINISTRATOR-FOR APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

**Regular Field Trips:**

**SITE ADMINISTRATOR**

Approve:  Disapprove:  (Date) \_\_\_\_\_

**GOVERNING BOARD**

Approve:  Disapprove:  (Date) \_\_\_\_\_

**High-Risk Field Trips:**

**LEADERSHIP TEAM**

Approve:  Disapprove:  (Date) \_\_\_\_\_

**TRANS. MGR**

Approve:  Disapprove:  (Date) \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

**TRANSPORTATION INFORMATION ONLY**

**(COMPLETED BY TRANSPORTATION)**

**DROP INFORMATION:**

NAME OF DRIVER \_\_\_\_\_  
BUS NUMBER \_\_\_\_\_  
ODOMETER LEAVING \_\_\_\_\_  
ODOMETER RETURN \_\_\_\_\_  
TOTAL MILEAGE \_\_\_\_\_  
TIME LEAVING \_\_\_\_\_  
TIME RETURN \_\_\_\_\_  
TIME TOTAL \_\_\_\_\_

Number of Passengers \_\_\_\_\_

(DRIVER'S SIGNATURE)

DATE

**RETURN INFORMATION:**

NAME OF DRIVER \_\_\_\_\_  
BUS NUMBER \_\_\_\_\_  
ODOMETER LEAVING \_\_\_\_\_  
ODOMETER RETURN \_\_\_\_\_  
TOTAL MILEAGE \_\_\_\_\_  
TIME LEAVING \_\_\_\_\_  
TIME RETURN \_\_\_\_\_  
TIME TOTAL \_\_\_\_\_

Number of Passengers \_\_\_\_\_

(DRIVER'S SIGNATURE)

DATE

Important! An itinerary **must** be completed for each trip request

TRN1100

Revised: 10/20/18

### DAY TRAVEL ITINERARY FORM

Any time students leave campus for a school trip, a travel itinerary is required. This form is to document single day trips only. Overnight trips, use FT1005. If TUSD Transportation is requested, this form should be forwarded to the Transportation Department after your trip is approved and at least 1 week before travel is set to occur.

An itinerary **must** be submitted as part of the Student Travel Packet FT1000.

- TUSD Transport (attach to TRN1100 packet)
- NON TUSD (attach to Student Travel Packet FT1000)

All changes must be approved with the transportation department (central or east or west) facility servicing your school. Any additional fees such as parking must be provided by group requesting transportation.

**Please note:** Drivers are instructed to follow itinerary times and destinations. At any time during the actual trip, deviations of any kind must be approved by **direct** telephone contact and the **explicit consent** of Transportation Field Trip Coordinator or Facility Manager - **No Exceptions!**

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Date of Trip: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Requesting Parties Contact Name: \_\_\_\_\_

School: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

TUSD Transport Needed

Pick – Up Time: \_\_\_\_\_ (Note: Pick-Up **must** be in bus bay)

We will use NON TUSD transportation for this trip.

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See FT1006A Itinerary Addendum

Important! An itinerary **must** be completed for each trip request.

### OVERNIGHT TRAVEL ITINERARY FORM

All itineraries (and any changes) must be approved by Leadership prior to departure. If using TUSD Transportation, the Transportation Department will also need to approve the travel itinerary.

Any additional fees such as parking and driver room must be provided by group requesting transportation if the trip exceeds 15 hours or is overnight.

An itinerary **must** be submitted as part of the TUSD Student Travel Packet FT1000.

**Please note:** Drivers are instructed to follow itinerary times and destinations. At any time during the actual trip, deviations of any kind must be approved by School Leadership and Transportation (if used).

**Dates of trip:** \_\_\_\_\_ **Name of school/department:** \_\_\_\_\_

**Person requesting permission for trip:**

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Last First MI

Phone (work): \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Trip Leader:**

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Last First MI

Phone (work): \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Trip destination:** (Name of organization and complete address, including city and state)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Address and Location where you will be staying overnight:**

(Name of organization and complete address, including city and state)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  a.m.  p.m.

**TUSD Transport Pick-up time:** (Pick-up **must** be in bus bay) \_\_\_\_\_

**OR Other transport pick-up details:** \_\_\_\_\_

**Destination 1:**

**Location:** \_\_\_\_\_

**Arrival Time:** \_\_\_\_\_  a.m.  p.m.

**Departure Time from 1<sup>st</sup> Destination:** \_\_\_\_\_

**Destination 2:**

**Location:** \_\_\_\_\_

**Arrival Time:** \_\_\_\_\_  a.m.  p.m.

**Departure Time from 2<sup>nd</sup> Destination:** \_\_\_\_\_

**Destination 3:**

**Location:** \_\_\_\_\_

**Arrival Time:** \_\_\_\_\_  a.m.  p.m.

**Departure Time from 3<sup>rd</sup> Destination:** \_\_\_\_\_

**Return Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  a.m.  p.m.

**Return point(s)/location(s):** \_\_\_\_\_

**Comments:** All travel itineraries must have complete schedule from wake up to lights out and must include sleeping address each night.



## Overnight Travel Itinerary Addendum

Complete a form for each day of the trip.

Date: \_\_\_\_\_  
Day Number: \_\_\_\_\_

Type of Transportation: \_\_\_\_\_

	Time	Location	Explanation
Wake up calls			
Leave Hotel Room			
Breakfast			
Transport			
Event Begins			
Lunch			
Event Ends			
Hotel Room			
Transport			
Dinner			
Transport			
In Hotel Rooms			
Lights Out			

Additional activities during the day	What will the students be doing?	Will students be supervised at all times?	Explanation
Activity #1			
Activity #2			
Activity #3			

### Student Travel / Field Trip Roster

A final copy of this roster is required to be sent to School Leadership 3-4 days prior to travel. A copy of this roster should also remain with trip leader to ensure everyone is accounted for at all times. (Use second page or additional pages as needed.)

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

Date of trip: \_\_\_\_\_ Trip destination: \_\_\_\_\_

Please check this box to verify that a copy of the final roster has been sent to School Leadership 3-4 days prior to travel.

Student Full Name	Emergency Contact Name	Emergency Contact Phone	Permission Slip Collected	Confirmed for Travel
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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

Date of trip: \_\_\_\_\_ Trip destination: \_\_\_\_\_

Please check this box to verify that a copy of the final roster has been sent to School Leadership 3-4 days prior to travel.

Student Full Name	Emergency Contact Name	Emergency Contact Phone	Permission Slip Collected	Confirmed for Travel
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>

**ACTIVITY SPECIFIC PARENT PERMISSION**

I/We, \_\_\_\_\_ and \_\_\_\_\_

parent(s) or guardian(s) of \_\_\_\_\_ hereby grant permission to the Tucson Unified School District (TUSD) to allow my/our child to participate in the following school sponsored activity;

\_\_\_\_\_

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

Travel Date: \_\_\_\_\_ Leave time: \_\_\_\_\_ Return time: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_  
School bus, school van, walking, private transportation

In case of serious illness or injury, I give consent for my child to be taken to our doctor's office or the closest hospital by school personnel or ambulance, and emergency care provided there, until I can be contacted.

My child is eligible for medical care at: \_\_\_\_\_  
Insurance requirement or preference of hospital

In the event of an emergency, I can be reached at: \_\_\_\_\_  
Home, work, cell phone

***Yes, my child may attend this school sponsored activity and I have reviewed all information listed above.***

\_\_\_\_\_  
Signature of parent/guardian Date

***NO, my child may NOT attend this school sponsored activity.***

\_\_\_\_\_  
Signature of parent/guardian Date

\_\_\_\_\_ (Initial) IF APPLICABLE, I will be responsible for alerting, and instructing, the above named teacher in writing regarding any specific health care needs of my child.

Additional Information:

## STUDENT OVERNIGHT TRAVEL EMERGENCY & MEDICATION FORM

*\*\*must be submitted to health office 2 weeks prior to trip (Non Interscholastic Activities)*

Date(s) of Travel: From \_\_\_\_\_ to \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*If I am unavailable in the event of an emergency, the following people may make decisions on my behalf and/or assume temporary custody if necessary:*

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group number/ID number: \_\_\_\_\_

Specify health problems/allergies: \_\_\_\_\_

Limitations, concerns, or other information: \_\_\_\_\_

Will your child need medication on the trip?  no  yes (If yes, complete consent for giving medication below.)

Note: Middle school and high school students may carry and self-administer over-the-counter medication with a written note from parent/guardian giving permission and directing use.

**CONSENT FOR GIVING MEDICATION:** *I hereby request and give my consent for a district employee as designated by the principal to see that my child receives the medication listed below. I agree that prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage and time to be given. Any over-the-counter medication must be in the original packaging with all directions, dosages, contents, and proportions clearly marked. I will be responsible for giving the medication to the principal's designee (certified district employee) and instructing said person in how to administer the medication. I will also be responsible for alerting and instructing the principal's designee (certified district employee) on any specific healthcare needs of my child.*

MEDICATION	DOSE	ROUTE	REASON FOR GIVING	TIME(S) TO GIVE	DATE FROM	DATE TO

**MEDICAL TREATMENT AUTHORIZATION:** *In the event of illness or injury occurring to my child while on this travel/activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedures (medical, dental or surgical), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services. I further acknowledge that I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury. I understand that TUSD does not provide accident medical/dental coverage for students for injuries/illnesses occurring during travel/activities. I understand that, in the event of other than minor illnesses or injury, reasonable effort will be made to contact me.*

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STUDENT OVERNIGHT TRAVEL  
MEDICAL INFORMATION  
NOTICE TO PARENTS**

Although we hope we will never need emergency medical information while students are on a trip away from school, we want to be prepared in case there is a problem. For this reason we ask that you complete the Student Overnight Travel Emergency & Medication Form. **Please submit the completed form to the teacher in charge of the trip.**

- **Emergency Contact Information:** You may have already provided emergency contact information to the health office at the beginning of the school year, but we need to have it with us while traveling in case there is a need to call you or get a message to you. For this reason, we request that you provide up-to-date contact information.
- **Parent's Consent for Giving Medication:** This form must be completed and submitted 2 weeks prior to going on the trip so the health office has time to review your child's needs and conduct any necessary training for staff on the trip (*NON INTERSCHOLASTIC ACTIVITIES*). Follow these guidelines for any medication to be given on the trip:

1. All medication must be in the original container.
2. All medication must have the student's name on the container.
3. Prescription medications and inhalers must have the pharmacy label on them. Dosages will only be given per the directions on the container from the pharmacy.
4. All medication must be given to the teacher in charge of the trip by the parent.

There are three exceptions to this rule:

- i. Per Arizona State Statute emergency medications such as inhalers, epinephrine, and diabetic medications may be carried and self administered by the student (please list them on the form).
- ii. Over-the-counter medications such as acetaminophen, ibuprofen, and allergy pills may be carried and self-administered by high school and middle school students with a note from the parent giving permission and directing use. Please give the note to the teacher in charge of the trip. Even if the student will carry over-the-counter medication for self administration, the medication must be in the original container and visibly labeled with the student's name.
- iii. Birth control pills may be carried and self-administered by high school students.

*Note: If a student is found in possession of medication without the proper permission/ documentation (as listed above) disciplinary action will ensue per district policy.*

5. The parent will instruct the principal's designee (certified district employee) in how to administer the medication.
6. The parent will also be responsible for alerting and instructing the principal's designee (certified district employee) on any specific healthcare needs of the student.

*Note: Remember to make advance arrangements with the teacher in charge of the trip for any snacks or meals required by a student with diabetes. Arrangements should also be made in advance for any special medical equipment or procedures required by a student during the trip.*

- **Parent Contact in Case of Illness:** If a student appears to be ill, complains of illness to a trip sponsor or has an illness reported to the trip sponsor by another student or adults, the trip sponsor will contact the student's parent by phone to consult as to the appropriate course of action in treating the student's illness. The trip sponsor will not communicate with any parent indirectly through the student, but will instead speak directly to the parent by telephone. If necessary or appropriate, the communication between the trip sponsor and parent will be via e-mail. In the event of other than minor illnesses or injury, reasonable effort will be made to contact the parent or emergency contact in the event a parent cannot be reached.

## Medication/Health Information Checklist for Traveling Students

### Travel Checklist for Teachers

*(NON INTERSCHOLASTIC ACTIVITIES)*

#### Day Trips

- Two weeks before trip submit a Day Field Trip Notification to Health Office/Medication Log (form HEA2101) to the health office along with a trip roster.
- Prior to the trip the school nurse/health office will inform you if any students need medication or have special health needs and will return form HEA2101 to the principal's designee (certified district employee) (health staff will list on the form any students needing medications on the field trip). The school nurse will provide any necessary training to the principal's designee (certified district employee).
- Prior to departure obtain first aid kit from Health Office. Return to health office upon return.
- After the trip, return form HEA2101 with completed Medication Log to the health office. Be sure you have completed the medication log if medications were scheduled.

#### Overnight Trips

- Send parent notice titled Student Overnight Travel Medication Information Letter to parents and Overnight Travel & Emergency Medication form (HEA2108) home to families.
- Two weeks before trip submit a completed form HEA2108 to the health office (one for each student going on trip), along with a trip roster.
- Prior to the trip the school nurse/health office will review the completed forms to identify any students who will have special health needs on the overnight trip. The health office will return each Overnight Travel Emergency & Medication Form along with an Overnight Medication Log (form HEA2107), if indicated, to the principal's designee (certified district employee). The school nurse will provide any necessary training to the principal's designee (certified district employee).
- Prior to departure obtain first aid kit from Health Office.
- The principal's designee (certified district employee) will receive medication directly from the parent/guardian prior to the trip. Both the principal's designee (certified district employee) and the parent/guardian will sign the amount of medication provided at the beginning of the trip and the amount of medication returned.
- After the trip, return the Overnight Travel Emergency Form (HEA2108), the completed Overnight Medication Log (HEA2107), and the first aid kit to the health office.

**PROVISIONS OF TRANSPORTATION AND/OR SUPERVISION  
FOR CHILDREN ON SCHOOL EXCURSIONS**

I/We, \_\_\_\_\_ and \_\_\_\_\_, agree to provide transportation and/or supervision to children of \_\_\_\_\_ School on a school-sponsored excursion to \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_. My/Our duty to supervise begins when students enter my/the vehicle, and terminates when students leave the vehicle upon returning to school.

If providing transportation:

I/We understand that this excursion has been officially approved in accordance with Tucson Unified School District policy and that during this excursion,

I/We certify that:

1. I/We have a valid driver's license and am/are competent to drive a motor vehicle.
2. I will ensure no other individual will drive this vehicle during the event.
3. My/Our vehicle is insured with coverage greater than or equal to the state required minimum for car insurance.
4. To the best of my/our knowledge and belief, my/our vehicle is in safe working order and is safe for transporting students.
5. I/We have reviewed TUSD Policy EEB, and its regulation pertaining to transportation of students.

I/We understand that the insurance required above for my/our vehicle shall be primary and that insurance coverage provided by Tucson Unified School district shall be secondary.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

Site Actions Required:

- Attach copy of Driver's License for individual providing supervision and/or transportation.
- If using personal vehicle for transportation, attach current copy of proof of insurance.
- Site must ensure volunteer has current Volunteer Application on file at site and in HR, and has been fingerprinted and cleared for participation with School Leadership Office.