

The Board of Trustees recognizes that field trips supplement and enrich the classroom learning experience, lead to increased student achievement, and foster student engagement. The Board encourages field trips to reinforce and increase learning opportunities and to enhance district programs.

School-sponsored trips shall be conducted in connection with the district's course of study or school-related social, educational, cultural, athletic, school band, or other extracurricular or cocurricular activities. A field trip to a foreign country may be permitted to familiarize students with the language, history, geography, natural science, and other studies relative to the district's course of study. (Education Code 35330)

1. The Board does not regulate the activities of staff and students during non-school time, and therefore neither sanctions, nor prohibits, nor assumes any responsibility for educational tours involving staff and/or students conducted outside the school year or during vacation periods. Employees engaged in planning, organizing, or leading tours as private, non-district sponsored business shall make it clear that they do not represent the school or district.

Requests for school-sponsored trips involving out-of-state, out-of-country, or overnight travel shall be submitted using a "Student Off-Campus Activity Request" (Form #484e). Upon approval by the site principal, the Superintendent or designee shall review the request and make a recommendation to the Board as to whether the request should be approved by the Board, except that CIF playoffs, state championships, and other activities for which notification of eligibility or of participation does not allow for advance Board approval may be approved by the Superintendent or designee. All other field trips shall be submitted using a "Student Off-Campus Activity Request" (Form #484e) for approval in advance by the principal, with notice to the Assistant Superintendent, Education or designee.

The principal shall establish a process for approving a staff member's request to conduct a field trip. When planning trips, staff shall consider student safety, objectives of instruction, the most effective use of instructional time, the distance from school, district and student expense, and transportation and supervision requirements. Principals may exclude from the trip any student whose presence on the trip would pose a safety or disciplinary risk.

No field trip shall be authorized if any student would be excluded from participation because of a lack of sufficient funds. The Superintendent or designee shall coordinate with community groups to supply funds for students in need. (Education Code 35330)

The Board may approve the use of district funds for student expenses for in-state, out-of-state, or out-of-country field trips or excursions when permitted by law. In addition, expenses of instructors, chaperones, and other personnel participating in such trips, as well as incidental expenses for the use of district equipment during the trip, may be paid from district funds. (Education Code 35330)

Legal Reference:

EDUCATION CODE

- 8760 Authorization of outdoor science and conservation programs
- 32040-32044 First aid equipment: field trips
- 35330 Excursions and field trips
- 35331 Provision for medical or hospital service for pupils (on field trips)
- 35332 Transportation by chartered airline
- 35350 Transportation of students
- 44808 Liability when pupils not on school property
- 48908 Duties of pupils; authority of teachers

BUSINESS AND PROFESSIONS CODE

- 17550-17550.9 Sellers of travel
- 17552-17556.5 Educational travel organizations

Management Resources:

WEB SITES

- American Red Cross: <http://www.redcross.org>
- California Association of Directors of Activities: <http://www.cada1.org>
- U.S. Department of Homeland Security: <http://www.dhs.gov>

Board of Trustees

May 24, 1984

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Supervision

Students on school-sponsored trips are under the jurisdiction of the district and shall be subject to district and school rules and regulations.

The Superintendent or designee shall ensure that adequate supervision is provided on all school-sponsored trips and that there is an appropriate ratio of adults to students present on the trip.

1. Field trips involving out-of-state, out-of-country, or overnight travel must have a ratio of adult supervisors to student participants of no less than one supervisor to eight students.
2. Field trips involving out-of-state, out-of-country, or overnight travel which include students of both sexes require the presence of responsible adult supervisors (21 years of age minimum) of both sexes.

Transportation

All field trips must be scheduled through the Transportation Department's current electronic system in accordance with department protocols and procedures.

Parent/Guardian Permission

Before a student can participate in a school-sponsored trip, the teacher shall obtain parent/guardian permission for the trip using Form Appendix 7903.11A. Whenever a trip involves water activities, the parent/guardian shall provide specific permission for his/her child to participate in the water activities. The district shall provide an alternative educational experience for students whose parents/guardians do not wish them to participate in a trip.

All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents/guardians of students taking out-of-state field trips or excursions shall sign a statement waiving such claims using Form Appendix 7903.11C. (Education Code 35330)

Safety Issues

1. While conducting a trip, the teacher, employee, or agent of the school shall have the school's first aid kit in his/her possession or immediately available. (Education Code 32041)

Whenever trips are conducted in areas known to be infested with poisonous snakes, the first aid kit taken on the trip shall contain medically accepted snakebite remedies. In addition, a teacher, employee, or agent of the school who

has completed a first aid course which is certified by the American Red Cross and which emphasizes the treatment of snakebites shall participate in the trip. (Education Code 32043)

2. The district shall provide or make available medical and/or hospital insurance for students injured while participating in any excursion or field trip. (Education Code 35331)
3. If the Superintendent or designee receives threat level warnings from the Homeland Security Advisory System pertaining to the destination of a school-sponsored trip, he or she shall implement precautions necessary to protect the safety of students and staff.
4. Lifeguards are required for all swimming activities. If the activity is at a private pool, the owner of the pool shall provide a certificate of insurance, designating the district as an additional insured, for not less than \$500,000 in liability coverage. Staff shall determine supervisory responsibilities for all chaperones.
5. Before trips of more than one day, the principal or designee may hold a meeting for staff, chaperones, parents/guardians, and students to discuss safety and the importance of safety-related rules for the trip.



FORM APPENDIX 7903.11A
Parental and Medical Authorization for Minor/Student
Participation in District Approved Off-Campus Activity

_____, whose date of birth is _____, has my permission to participate on _____
(Student's Full Name) (Child's Date of Birth) (Date of Event)
in the _____ activity and will travel by _____.
(Off-Campus Activity Description) (Bus, Private Vehicle, Own Transportation)

As stated in the California Education Code Section 35330, I understand that I hold the Anaheim Union High School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in the activity.

I fully understand that the Anaheim Union High School District does not purchase or have, medical/dental/hospitalization insurance to cover injury or loss of life of pupils, or to indemnify parents/guardians for expenses in connection herewith, and that such insurance, if desired, must be purchased by the parent/guardian.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Any student who needs to take medication while on an off-campus activity must attach Form Appendix 7903.11B, Parent Request for the Administration of Medication Prescription and Non-Prescription. Contact the Health Office and arrange, prior to the trip, for their medication, along with a copy of the permission form to be sent on the off-campus activity.

Medication (check one): My child takes no medication(s).
 My child will be taking prescription or non-prescription medication while on the off-campus activity. Form Appendix 7903.11B is attached.
 A description of any medical issue is attached.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

In the event I am not available in an emergency, please notify:

Contact Name: _____ Child's Doctor: _____

Phone Number: _____ Doctor's Phone Number: _____

Parent/Guardian Signature: _____ Medical Insurance Carrier: _____

Phone Number: _____ Policy Number: _____

FORM APPENDIX 7903.11B
PARENT/GUARDIAN AND AUTHORIZED HEALTH CARE PROVIDER
REQUEST FOR MEDICATION

Name of Student: _____

Birthdate: _____

School: _____

Teacher's Name: _____

Grade: _____

**PARENT/GUARDIAN REQUEST FOR THE ADMINISTRATION OF MEDICATION
PRESCRIPTION AND NONPRESCRIPTION**

California Education Code Section, 49423 allows the school nurse or other designated non-medical school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school and to maintain, or improve his/her potential for education and learning.

I request that medication be administered to my child in accordance with our authorized health care provider written instructions. I understand that designated non-medical school personnel may assist in carrying out written orders under supervision of a qualified School Nurse. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing authorized health care provider. I give permission for the school nurse to exchange medication-related information with the authorized health care provider. The school nurse may counsel appropriate school personnel regarding the medication and its possible effects.

Emergency medicine such as EpiPen or inhalers may be carried by the student when recommended by an authorized health care provider and parent. Back-up medication should be kept at school for emergency use. I release the district and school personnel from civil liability if my child suffers an adverse reaction as a result of self-administering medication.

Parent/Guardian Signature: _____ Date: _____

Telephone: (Work) _____ (Home) _____

AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR ADMINISTRATION OF MEDICATION

Reason for Medication: _____

Medication: _____ Dose: _____ Route: _____ Time: _____

If PRN: Amount of time between doses _____ Maximum number of doses: _____

Possible medication reactions: _____

Instructions for emergency care _____

Authorized Health Care Provider Signature: _____

Authorized Health Care Provider Name (print clearly): _____

Telephone _____

Provider NPI # _____

Date of Request: _____

Date to Discontinue Medication: _____



Office Stamp

Regarding EpiPen/Inhalers: It is my professional opinion that this student should be permitted to carry/self administer this emergency Inhaler/EpiPen. This student has been instructed in, and demonstrates an understanding of proper usage.

Health Care Provider Initials _____

SCHOOL USE:

Reviewed by: _____ Date: _____

This request is valid for a maximum of one year.



ANAHEIM UNION HIGH SCHOOL DISTRICT
**PARENT NOTIFICATION FOR THE
ADMINISTRATION OF MEDICINE AT SCHOOL**

Name of Student: _____

TO THE PARENT/GUARDIAN:

Medical treatment is the responsibility of the parent/guardian and an authorized health care provider. An authorized health care provider is an individual who is licensed by the State of California to prescribe medication. **Medications, both prescription and over the counter**, may be given at school when it is deemed absolutely necessary by the authorized health care provider that the medication be given during school hours. **The parent/guardian is urged, with the help of your child's authorized health care provider, to work out a schedule of giving medication at home whenever possible.**

California Education Code, Section 49423 allows school personnel to assist in carrying out an authorized health care providers written orders. Designated non-medical school personnel may be assisting with your child's medication. They will be trained and supervised by credentialed school nurses. Medication will be safely stored and locked or refrigerated, if required.

Emergency medicine such as EpiPens or inhalers may be carried by the student **when recommended by a authorized health care provider and parent**. When appropriate, the school nurse will evaluate the student's ability to safely self-administer the medication based on written district guidelines. (Title 5). Back up medication should be kept at school for emergency use. Students who have a serious medical condition (diabetes, epilepsy, etc.) should have an emergency supply of their prescription medication at school with the appropriate consent forms in the event of a disaster.

**IF MEDICATION IS TO BE ADMINISTERED AT SCHOOL, ALL OF THE FOLLOWING
CONDITIONS MUST BE MET:**

1. A written statement signed by the licensed authorized health care provider/dentist specifying the reason for the medication, the name, dosage, time, route, side effect; and specific instructions for emergency treatment must be on file at school.
2. A signed request from the parent/guardian must be on file at school.
3. Medication must be delivered to the school by the parent/guardian or other responsible adult.
4. Medication must be in your child's original, labeled pharmacy container written in English.
5. All liquid medication must be accompanied by an appropriate measuring device.
6. If pill splitting is required to obtain the correct dose of medication to be administered, only pills that are scored may be split, scored pills may be split in half only, and a commercial pill splitting device should be used for correct splitting.
7. Over the counter medication that has been prescribed by an authorized health care provider must be in its original container.
8. A separate form is required for each medication.

NOTE: Whenever there is a change in medication, dosage, time, or route the parent/guardian and authorized health care provider must complete a new form. Please discuss your authorized health care provider's instructions with your child, so that he/she is aware of the time medication is due at school.

This request is valid for a maximum of one year.



FORM APPENDIX 7903.11C
OFF-CAMPUS ACTIVITY NOTICE, WAIVER,
AND MEDICAL AUTHORIZATION – ADULT
(To be completed by all adults participating in the activity.)

Event Information:

Name of Site/School: _____ Date of Activity: _____

Description of Activity: _____

As stated in the California Education Code Section 35330, I understand that I hold the Anaheim Union High School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity.

Rules for Adult Chaperones:

- ✓ All adults attending an off-campus activity and interacting with our students are **chaperones and are under the direction of the Advisor** who is in charge of the class or group they are accompanying. The Advisor will determine the schedule, chaperone group assignment, etc.
- ✓ Chaperones may ride on the bus. If they drive themselves in their own vehicle and are transporting their own child to the destination, they must complete a Transportation Exemption Form (APPENDIX 7903.14B).
- ✓ The rules of the school for students and adults apply on an off-campus as they do for the school grounds. All school rules are in place and enforced. Example: There is to be no smoking or the consumption of alcohol during the hours of the off-campus activity.
- ✓ Any incident of misbehavior by a child during an off-campus activity is to be reported to the Advisor who will deal with it and make appropriate referrals after the trip.
- ✓ All chaperones have the responsibility to intervene in any situation where the health and/or safety of any student is at risk.
- ✓ Siblings (other than the children in the class scheduled for the off-campus activity) are not allowed to attend the event, as this distracts the chaperone from their primary responsibility of supervising students.
- ✓ Parents who bring their non-student children to the event location may not act as chaperones, and are not considered as participating in the off-campus activity.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary for my safety and welfare in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that the resulting expenses are my responsibility.

Medical Insurance Carrier: _____ Medical Insurance Policy Number: _____

In the event of an illness or accident, please notify:

Contact Name: _____ Contact Phone Number: _____

I certify that I have read and understanding the notifications outlined above.

Signature: _____ Print Name: _____