



Risk Management
2407 LaPorte Avenue
Fort Collins, CO 80521
970-490-3506

DOMESTIC

Overnight Field Trip Request

If more than one school is participating in the trip, each school must submit a separate Request.

The *Domestic Overnight Field Trip Request* and the appropriate *Safety & Emergency Response Plan* are required for all District-sponsored field trips that involve overnight travel. When possible, complete and submit both forms **at least 90 days in advance of the proposed field trip**. Incomplete requests will be returned.

The Assistant Superintendent's decision will be emailed to the building principal. If the request is approved, Risk Management will e-mail a *Domestic Overnight Field Trip Packet* to the sponsor that will include the required permission forms. **Please note:** permission forms are specific to each field trip and **forms from previous field trips cannot be used.**

School: Departure Date: Return Date:

Sponsor: Phone Number:

Will the sponsor be traveling with the group? Yes No

Safety Coordinator: Phone Number:

Destination(s):

Describe your planned accommodations (e.g., hotel, on-site dormitories, camping):

What class, program or subject area is this field trip related to?

Estimated number of **student** participants:

Proposed number of **adult chaperones**:

The student participants will be (check one): Males only Females only Both*

* Please list the primary male and primary female sponsor/chaperone traveling with the group:

Male:	Employee	Registered Volunteer
If an employee: Certified	Administrator	Classified

Female:	Employee	Registered Volunteer
If an employee: Certified	Administrator	Classified

Please indicate if there is a specific date by which you would like to have your packet:
Note: Packets generally will not be sent more than 45-days prior to the departure date.

Do you need the Spanish version of parent forms included in your field trip packet? Yes* No
**If Yes, please be aware that translation requires additional time.*

It is essential that you provide an accurate description of **ALL** anticipated modes of transportation, including transportation to, returning from, and during the duration of the field trip. Remember to include any transportation utilized during activities, or provided by other organizations and/or travel companies. A list of examples is provided to the right.

How will you be travelling **to** your destination? (If you are using a commercial airline, please also indicate how you will be travelling to the airport):

What type(s) of transportation will you be using **during** the duration of the field trip? (Please include ALL planned modes of transportation, even if it is arranged by another organization):

How will you be returning **from** your destination? (If you are using a commercial airline, please also indicate how you will be travelling from the airport):

Examples

- PSD Bus
- Charter Bus
- Commercial Airline
- Private Vehicle
- Rental Vehicle
- Public Transportation
- Airport Shuttle
- Ferry
- Walking (from one destination to another)
- Parent/Guardian Responsibility

If you plan to use Private Vehicles, please also indicate who will be driving:

PSD Employee PSD Parent Volunteer Student

Provide a **detailed** proposed itinerary including planned and/or anticipated activities. Attach a separate sheet if necessary. If using a tour company, attach the **detailed** itinerary from the tour company.

Is this an out-of-state field trip? No Yes

If Yes, have you completed the Finance Department's [Out-of-State Travel Form](#) and the [Out-of-State Travel – Student Trip Addendum](#) ? Yes No

Please Note: these links will direct you to PSD's School Accounting Financial E-Tools (S.A.F.E.) login page. Use your PSD username and password to access the forms.



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Safety & Emergency Response Plan (Adventure)

To be completed by the sponsor and/or safety coordinator

Communication Plan:

In the event of an emergency:

You must contact an administrator that is not traveling with the group. This individual should be available 24/7 during the trip and have access to the participants' emergency contact information at all times during the trip.

Name of Administrator:

Office:

Cell:

Other:

Who will be responsible for contacting PSD's Customer Support Center (970-490-3333) and parent(s)?

If you have parents whose first language is not English, what is your plan for communicating with them?

Where can you be reached during the trip?

Cell:

Other:

Will you be in an area where access to means of communication could be difficult? No Yes

If "Yes," what are your plans in the case of an emergency (e.g., rent a satellite phone)?

Medication Administration

Do any participants have medications that will need to be administered by a PSD employee? No Yes

If "Yes," please provide the name of the employee who has been delegated by the school nurse to administer medications:

First Aid and CPR

Pursuant to the Colorado Code of Regulations effective 4/15/15:

Provide the name of the employee attending the trip certified in Standard First Aid?

Provide the name of the employee attending the trip certified in Cardio Pulmonary Resuscitation (CPR)?

Emergency Prevention, Mitigation and Response

Note: If you are working with a travel organization that has an emergency response plan that addresses any of the questions below, you may attach it in lieu of completing the question(s).

As you begin planning your field trip, think about the potential emergencies you may face. Some emergencies may primarily affect individual participants while others may involve the entire group. When identifying potential emergencies think about:

- Natural Disasters (earthquake, flood)
- Technological Disasters (power outage, communication blackout)
- Human-made Disasters (terrorist attack, violent demonstrations)
- Logistical Disasters (trip interruption, trip rerouted, travel delays)
- Medical Emergencies (high altitude illness; broken bone)
- Other Emergencies (missing student, death of a participant's family member at home)

The most likely emergency you will face is a student or chaperone becoming ill or injured. What is your plan for this type of emergency?

Describe potential disasters or hazards common in your destination:

Describe specific hazards associated with your planned adventure activities:

Describe your plan to a) minimize the likelihood of these emergencies occurring, if possible; and b) respond if an emergency does occur:

What steps will you take to communicate the *Safety & Emergency Response Plan* to all Parents and participants before and during the trip?

Principal Review:

Recommend Approval

Denying

Recommended qualifications of adult chaperones required for supervision:

Reason for denial:

Principal's Signature: _____ Date: _____

*If recommending approval, forward this request to Risk Management
If denying, maintain this request, with your signature, at the school*

Risk Manager Review:

Recommend Approval

Recommend Approval with Changes

Recommend Denying

Recommendation(s) and/or comments:

Risk Manager's Signature: _____ Date: _____

Assistant Superintendent Decision:

Approve as originally proposed

Approve with required changes

Denied

Requirements, reason for denial or other comments:

Qualifications of adult chaperones required for supervision:

Assistant Superintendent's Signature: _____ Date: _____

Date Assistant Superintendent sent notification to the Principal: _____

For Risk Management Use:

Does the safety coordinator need to complete training? No Yes Date Scheduled: _____

Date notification sent to school nurse, sponsor & school administrator(s): _____

Date packet sent to sponsor: _____