

Item #1

Marine Science Education Center 5th Grade Field Trip Request Form

Teacher(s): _____ Today's Date: _____

School Name and Number: _____

Location of the Field Trip: Marine Science Education Center

Number of Students: _____ Cost : **No Charge. Bus(es) provided by the Marine Science Education Center.**

Purpose of trip and how it relates to the curriculum. Please attach an instructional lesson plan and any other documents which supports this field trip. **(See Attached.)**

Transportation: **Marine Science Center bus(es) (NO STUDENT DRIVEN VEHICLES)**

Departure Date: _____ Time: 8: 00 A.M.

Return Date: _____ Time: 2: 30 P.M.

Chaperones: (DISTRICT RATIO IS 10 STUDENTS TO 1 CHAPERONE)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

CLASS COVERAGE PLAN

List the Classes/Supervision Duty you will miss and the teacher that will cover your absence.

<u>CLASS</u>	<u>TEACHER COVERING</u>	<u>CLASS</u>	<u>TEACHER COVERING</u>
1 ST	_____	5 TH	_____
2 nd	_____	6 TH	_____
3 rd	_____	7 TH	_____
4 th	_____		

Submit Leave Form (TDE) with Field Trip Form for approval. This Field Trip Request is approved with the understanding that proper safe precautions will be observed and that all School Board Regulations (EEAG, EEAFa, and IJOA) will be followed. When all signatures have been obtained, this form becomes the sponsor authorization to conduct the described field trip.

***** Submit three weeks prior to trip for out-of-county and more than one-day trips*****

Faculty Member/Date

Principal/Date

House Administrator/Date

Regional Administrator/Date

***Associate Supt. Instruction/Date**

Superintendent/Date

Item #3

Marine Science Center Field Trip Itinerary

Times are approximate. Itinerary may change based on time of arrival.

8:30 A.M.	Depart for the Marine Science Center on Marine Science Center Bus(es)
9:00 A.M.	Arrive at the Marine Science Center #32
9:00 – 9:15 A.M.	Housekeeping details.
9:15 – 9:30 A.M.	Housekeeping details. Ecology video in the Auditorium.
9:30 – 10:15 A.M.	Room 8—Plankton Studies, Conductivity and Distillation Demonstrations, Beach Sand Studies
10:15-11:00 A.M.	Museum—Classification Study
11:00 – 11:45 A.M.	Room 4—Adaptation Study
11:45 – 12:30 P.M.	Hands-on tank—Adaptation Study
12:30 – 1:00 P.M.	Lunch
1:00 – 1:15 P.M.	Depart for Hanna Park
1:15 – 2:00 P.M.	Arrive at Hanna Park for Dune Study, Fossil and Shell Study.
2:00 P.M.	Depart for home school.
2:30 - 2:45P.M.	Arrive at home school.

Duval County Public Schools Chaperone Responsibilities On Field Trips Form

The following list identifies your responsibilities as a chaperone when accompanying students on Duval County Public School field trips. Please review the list, sign and return to your child's teacher by _____ if you are interested in being a chaperone.

- Must be 21 years old or a parent of a student going on this field trip.
- No children except for those in the participating class or group may attend this field trip.
- Accompany students on the bus and assist as needed.
- Provide close supervision of small groups (no more than 10 students).
- A list of names in your group will be provided to you.
- Medications will only be administered to students by school personnel.
- Follow assigned agenda of activities.
- No tobacco or alcoholic beverages are permitted on field trips.
- NO SWIMMING IS ALLOWED** on any field trip.
- IMMEDIATELY** report **ANY PROBLEMS** directly to the teacher.
- Arrive 15 minutes prior to departure time of the trip.

Student's Name (Please Print) _____

Student's Teacher _____

Parent signature

Date

Item #6

**DUVAL COUNTY PUBLIC SCHOOLS
STUDENT SERVICES
PARENT PERMISSION FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION**

Student _____ DOB _____ School _____

Name of Medication _____ Doctor _____

Prescription Number _____ Date of Prescription _____

I, _____, grant permission for the principal or the
(Parent/Legal Guardian)
principal's designee to assist in the administration of prescribed medication for my child/legal
ward, _____.
(Student)

I certify that the prescribed medication is in its original container and that it is necessary, according to my doctor's instructions, for this medication to be provided during the school day, including when my child is away from school property on official school business. I understand that this medication will be given only according to the directions on the label as prescribed by the doctor. I further understand that, at the end of the school year, it will be my responsibility to pick up any unused medication within 30 days.

Date Signature of Parent/Legal Guardian

**DUVAL COUNTY PUBLIC SCHOOLS
STUDENT SERVICES
PARENT PERMISSION FOR THE ADMINISTRATION OF NON-PRESCRIBED MEDICATION
(OVER-THE-COUNTER MEDICATION)**

Student _____ DOB _____ School _____

I request that my child/legal ward, _____,
Be given external and/or internal medication identified below during school hours. I will provide the medication in its original container. I understand that such medication will be given only according to the following directions:

Medication _____ Amount _____ When _____ Medication to be Discontinued _____ (Directions from the parent should not exceed the medication instructions on the label.)
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Further, I agree to waive any claims of liability that may arise against any school personnel relative to the administration of medication to my child according to directions.

Date Signature of Parent/Legal Guardian

Copy this form for each child whose parent wishes medication to be administered while on the field trip.

Item #7

ARA/Duval County School Food Services

Date of Field Trip _____

Teacher _____

Room/Class _____

BAG LUNCH REQUEST SHEET

* Please submit Bag Lunch Request to Food Service Manager three weeks prior to the date of the field trip.

* All lunches must be paid for and accounted for when they are picked up.

STUDENT'S NAME	FREE	REDUCED	PRE-PAID REDUCED	FULL PRICE	PRE-PAID FULL PRICE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Choice of Sandwich: (Number needed)

Peanut Butter & Jelly _____

Ham & Cheese _____

Choice of Milk (Number needed)

Chocolate-lowfat _____

Skim _____

Low-fat _____

Whole _____

Bag Lunches will be picked up at **8:00 A.M.** by whom _____.

(Name)

Duval County Public Schools Student Release Form

I, _____, will take full responsibility
(Parent's Name)
for my child, _____, at the end of the field trip
(Child's Name)
to the Marine Science Education Center and Hanna Park on _____.
(Date of field trip)

I will be responsible for the supervision and transportation of my child. I
release the Duval County School Board, ALL of its employees and the bus
contractor from any liability for my child.

Parent Signature/Date

Teacher's Signature/Date

(Principal/Date)

(Witness if Principal isn't available/Date)

Duval County Public Schools Field Trip Requirement Checklist Form

All School Board Personnel participating in the field trip shall read and adhere to each item on the checklist.

- ? (1) All field trips shall be approved in writing by the school principal (with checklist). Field trip planners shall provide a complete itinerary to their respective principal for review and approval.
- ? (2) All trips which are outside of the county, but within the state, shall be approved in writing by the school principal.
- ? (3) Groups may schedule out of the state trips provided approval is granted by the school principal. (School buses may not transport out of state.)
- ? (4) Out of county field trips shall only be authorized by the Superintendent only with approval of the School Board.
- ? (5) The school principal shall have on file written parental approval for each student participating in any field trips which includes approval of the mode of transportation.
- ? (6) All students participating in the field trip will ride the approved mode of transportation.
- ? (7) The number of chaperones accompanying students on trips shall be equal to or more than the requirements of the Florida High School Activities Association (presently 1 chaperon per 10 students). In order to assist chaperones in supervising students and for liability purposes no children except for those in the participating class or group may attend a field trip.
- ? (8) School buses and charter buses may be used for field trips in accordance with the School Board Policy entitled “Uses of School Buses for Extracurricular and Field Trips” (File: EEAFa) and provided that a licensed and certified bus driver is used. Utilization of Charter Bus Companies must be approved by the Risk Management Office.
- ? (9) Private cars which are used for field trips shall be governed by the School Board Policy entitled “Transporting Students in Private Vehicles for Educational Field Trips or School-Sponsored or School-Related Events” (File: EEAG)
- ? (10) Any field trip plan that proposes to utilize the services of a travel agent shall be endorsed by the Associate Superintendent of Instruction Services prior to submitting the request for approval. The Division of Instructional Services shall assist in determining the educational value of such trip in relation to the District’s curriculum design.
- ? (11) In addition to the provisions above, any field trip that involves travel on water shall be subject to the following provisions:
 - (a) Such trips shall be on carriers approved by the U.S. Coast Guard. Proof of such approval shall be provided by the carrier.

(b) Such travel shall be on carriers with adequate insurance as determined by the Director of General Services. Proof of insurance shall be provide prior to approval of the field trip.

(c) Approved Carriers:
Annabelle Lee—River Entertainment
First Lady of Jacksonville—Riverwalk Cruise Line, Inc.
Bass Marine Taxis
Silver Springs Glass-Bottom Boars
Victory III- Scenic Cruise in St. Augustine
Mayport Ferry (*Remain on the bus*)

? (12) **Field trips which involve swimming are prohibited except in pools on School Board property, except as otherwise approved by the Superintendent.**

? (13) Students participating in any field trip must provide pertinent medical information such as, but not limited to asthma, heart condition, diabetes, sickle cell anemia, or physical limitation that a student may have.

(a) The parent/guardian shall proved a signed statement indicating any and all of the above, where applicable.

(b) Any out of county field trip must have the Medical Release Form.

? (14) All chaperones will sign they have read and understand the procedures associated with the field trip. (Chaperone Responsibilities Form).

(a) Chaperones shall be 21 years old or the parent of the student.

(b) Chaperones shall not deviate from these procedures.

? (15) All School Board personnel will adhere to the Professional Code of Ethics.

? (16) Student Release Forms will be completed (where applicable).

? (17) All School Board personnel shall indicate by signature that they have read & understand the procedures associated with field trips.

I have read the above related field trip procedure and agree to follow as stated. Failure to follow these procedures may result in personal liability. All personnel responsible for the field trip need to sign this checklist.

All boxes have been checked.

Signature

Date

Signature

Date

Signature

Date