Randy Trani Superintendent Robin Lindeen-Blakeley Deputy Clerk Jeanne Swift Director of Student Services



35800 E. Historic Columbia River Highway Corbett, Oregon 97019-9629

Administration Office: 503-261-4200 Grade School: 503-261-4242 Middle/High School: 503-261-4270

Fax: 503-261-3641

## Corbett School District No. 39

| Trip Coordinator:     |   |   | Date of Request:                 | Date of Trip:                         |  |
|-----------------------|---|---|----------------------------------|---------------------------------------|--|
| Group (School/Class): |   | Number of Students:   | Departure Time:                  | Return Time:                          |  |
| Destination           | on:   |   |                                  |                                       |  |
| Address:              |   |   | City, State, Zip:                | City, State, Zip:                     |  |
| ield Trip             | Timeline  |   |                                  |                                       |  |
| Weeks P               |   |   |                                  |                                       |  |
| D De                  | etermine the designa  | ted staff for the field trip (above                           | e)                               |                                       |  |
| 🗅 Aı                  | range for transporta  | tion by submitting a transportati                             | on request form                  |                                       |  |
|                       | Prepare permission slips (attach the Medication Authorization Form if it is an overnight trip)  |   |                                  |                                       |  |
|                       | Place the field trip on the district calendar by emailing Nancy Gyreko at CAPS  |   |                                  |                                       |  |
|                       |   | proval and Signature for the field                            | d trip (on this form)            |                                       |  |
| Weeks Pi              |   | (1) 1 · · · · · · · · · · · · · · · · · ·                     |                                  |                                       |  |
|                       | -   | ave filled out a background chec                              | ck/confidentiality form (check v | vith school office personnel)         |  |
| □ En                  | nail the Health Roon  |   |                                  |                                       |  |
|                       | •   | , time and location   | a)                               |                                       |  |
|                       |   | ts attending (include grade level<br>designated staff (above) | S)                               |                                       |  |
| Wook Dri              | or (for overnight tr  | •   |                                  |                                       |  |
|                       | dication turned into  |   |                                  |                                       |  |
|                       |   | n must be in the original contain                             | er                               |                                       |  |
|                       |   | ust be accompanied by the Med                                 |                                  |                                       |  |
|                       |   |   |                                  | ns and protocols with the Health Room |  |
|                       | -   | s and/or Snacks from the Cafete                               |                                  | •                                     |  |
| y of the I            | Trip:   |   |                                  |                                       |  |
| Mo                    | rning of the Trip:  |   |                                  |                                       |  |
| C Ens                 | Ensure that each child has a permission slip that contains contact information (and Medication Authorization for those that                           |   |                                  |                                       |  |
|                       | d it)   |   |                                  |                                       |  |
|                       | Pick up medication up along with signed spreadsheet and copy of Medication Authorization Forms. Please allow enough time                              |   |                                  |                                       |  |
|                       | •   | on from the Medication Log Boo                                | ok.                              |                                       |  |
|                       | c up First Aid Kit  |   |                                  |                                       |  |
|                       | Pick up pre-ordered sack lunches and/or snacks from the cafeteria  Take an accurate list of students on the trip and an extra copy for the bus driver |   |                                  |                                       |  |
|                       |   | -   | • •                              |                                       |  |
|                       | n Keturning from t<br>Medication  | he Trip, please return the follow                             | wing the Health Room, ASAP:      |                                       |  |
|                       | Medication<br>t Aid Kit   |   |                                  |                                       |  |
|                       | ed Spreadsheet  |   |                                  |                                       |  |
| - Sigi                | oproudsireet  |   |                                  |                                       |  |
|                       | Supervisor Signat   | ure of Approval   |                                  | Date                                  |  |

## Field Trips

## Designated Field Trip Roles:

Trip Coordinator
Health Room Liaison
Medication Administration Teacher
CPR Certified Staff
Severe Allergic Reaction Certified

## Field Trip Procedures:

- 1. Field Trip Proposal must be submitted to the building supervisor for approval, 4 weeks prior to field trip date. All field trip roles should be designated at this time.
- 2. Staff member leading the field trip (Trip Coordinator) distributes field trip consent form to students for parent/guardian approval.
- 3. Health Room Liaison submits list of participating students with important health information to Health Room, 2 weeks prior to field trip date. If it is necessary for the student to take prescription medication on the field trip, the school nurse will give the necessary form to the parent/guardian that will need to be completed by the student's Health Care Provider and parent/guardian.
- 4. School nurse reviews the student list and gathers necessary information from Health Care Providers
- 5. School nurse meets with Health Room Liaison to review the emergency care plans and additional Health Care Provider information.
- 6. If it is necessary for a teacher to administer medication to a student while they are on the field trip that teacher must complete the Medication Administration training. The designated teacher will schedule a time to meet with the school nurse to review this training and any additional information regarding the specific medications at hand.
- 7. The morning before the trip, provide Designated RN (if applicable) with copy of all permission slips containing contact and medication information for each student attending. Pick up medication along with signed spreadsheet and copy of authorization forms. A first aid kit is available in the health room for any staff member to check out and take with them on the field trip.
- 8. Upon returning to school, please return the first aid kit and all medications immediately to the Health Room.

Give the Health Room the maximum amount of notice for a field trip. It is very difficult to make arrangements for medications the morning of a field trip. Medications must to be signed out of the health room and only administered by those with training.