

Policy and/or Procedure Reference No.

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Policy No. 3340

Effective Date:

Procedure No. 3340.1

November 16, 2010

Bellevue Public Schools
Bellevue, Washington

**NOTICE and WAIVER
EXTENDED FIELD TRIP EXPENSES***

Must be used by every participant attending any extended field trip approved by the Bellevue School District.

Travel Location of Field Trip _____

Date(s) of Field Trip _____ School _____

Teacher or Staff Member Organizing Trip _____

Extended field trips can be very valuable and educational activities, but because they are extensions of the basic curriculum and are optional, those engaging in such activities must do so at their own financial risk should any money related to the trip be lost for any reason. Any student, staff member, chaperone, parent or guardian who elects to attend personally or to send a minor student on a discretionary extended field trip that is planned in accordance with Procedure No. 3340.1 needs to understand and acknowledge that such trips do get cancelled, interrupted, and/or delayed; that deposits for hotels, tours, or transportation can be lost; and that such risk of loss will be borne by the individuals paying for the trips; and further that the District is not, and cannot be, responsible to reimburse such loss of private payment for school-related trips, nor can District resources be expended in trying to obtain refunds or recover money paid for such travel. The Board of Directors will not approve extended field trips, "focus" week trips, or any other travel of a similar nature unless those paying for such experiences agree not to seek restitution or reimbursement from the District should they lose money related to such travel.

I, _____, will be attending this extended field trip in the capacity of (check one) ___ student, ___ supervising staff member, ___ chaperone. I understand the financial risks associated with an extended field trip, and I understand that should any money related to this trip be lost, stolen, fraudulently taken, or otherwise not recoverable, regardless of reason, my family and I will have to bear that loss personally and the Bellevue School District will have no obligation for any financial loss related to this trip. I, on behalf of myself, heirs and assigns, hereby waive any claim(s) against the Bellevue School District, its agents, officers, or employees for any financial loss related to the costs of this extended field trip.

* Note: individuals may choose to consider purchasing trip cancellation insurance that may be available; however, there are numerous exclusions in such policies, which may or may not provide coverage for loss related to this travel. Individuals should consult their private insurance advisors and/or check coverage carefully.

BELLEVUE SCHOOL DISTRICT NO. 405

Exhibit No. 3340.1.C

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Signature _____ Date _____

Name, please print _____

If signing for a minor student who is attending this
extended field trip, please give the **Student's name:** _____

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EXTENDED FIELD TRIP EMERGENCY HEALTH FORM

To be filled out by the parent/guardian of the student attending the extended field trip or camp and returned to his/her teacher no later than _____.

Name of student: _____ Birthdate: _____

Social Security Number: _____ (Disclosure of SS# is voluntary. It will be used for securing emergency medical care).

Name of parent/guardian: _____

Home address: _____

Phone: Home: _____ Work (mother) _____ Work (father) _____

Cell/pager _____ Cell/pager _____

Email address: _____

Student's physician: _____ Phone: _____

Name, address, and phone number of **two** people who could be contacted in case of emergency if the parent/guardian cannot be reached (relatives, close friends). These people may provide information regarding where the parent/guardian might be reached, or they might be asked to give advice/permission for medical care. PLEASE NOTIFY THESE INDIVIDUALS THAT THEIR NAMES HAVE BEEN GIVEN FOR THIS PURPOSE.

1) Name: _____
Address: _____

2) Name: _____
Address: _____

Phone (day): _____
Phone (night): _____
Cell/pager: _____

Phone (day): _____
Phone (night): _____
Cell/pager: _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event that I/we cannot be contacted to authorize emergency medical treatment for _____ during his/her participation in the camp/field trip, the Bellevue School District staff member in charge of medical care has my permission to authorize emergency medical treatment. I also give permission for school staff to transport my child to a medical treatment center if needed.

Signature of parent/guardian _____ Date: _____

Needed in case of emergency:

Name of insurance company: _____

Name of Subscriber: _____

Policy # _____

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HEALTH INFORMATION: The following health conditions can be of concern; please check any that have been a problem in the past or are currently a concern. If your student has a **life threatening condition** (severe asthma, severe allergic reaction, diabetes, seizures, etc.), a Health Care Plan **must** be attached.

CONDITION	PAST PROBLEM	CURRENT PROBLEM	PLEASE EXPLAIN
Abnormal Bleeding			
Allergies			
Please circle type of allergy: foods, insects, medication, environmental, other**			
Diabetes**			
Frequent infections			
Heart/circulatory problems			
Seizures**			
Intestinal problems (including frequent stomach aches, constipation, diarrhea, indigestion, etc.)			
Respiratory problems (including asthma, bronchitis)**			
Urinary problems (including bed wetting)			
Other, please indicate			

**Attach Emergency Health Care Plan

Is your child physically able to take part in all trip activities? Yes _____ No _____

If no, what limitations are needed? _____

DATE OF LAST TETANUS IMMUNIZATION _____

Medication(s) student is currently taking: _____

If medication(s) is to be taken during the trip, written instructions from the prescribing physician and parental permission must be obtained for each medication. A medication authorization form is attached and must be completed by a physician and returned/faxed to the school nurse. **If more than one medication is to be taken, additional copies can be obtained at school.** All medications will be kept and dispensed (as ordered by the physician) by a designated school employee. Prescription and non-prescription medication must be sent in the original pharmacy container. Non-prescription (over-the-counter medication) must be clearly labeled with the child's name, dosage, and time to be given. **NO MEDICATION (prescription or non-prescription) CAN BE GIVEN WITHOUT A PHYSICIAN'S ORDER.** To accommodate medication needs, all physician medication orders and medication(s) must be to the school nurse by _____.