



Central Region
School Insurance Group

FIELD TRIP: EVALUATION FOR APPROVAL FORM

TO BE COMPLETED BY THE STAFF MEMBER REQUESTING APPROVAL

School Site: _____ Date: _____

Staff Member/s Requesting Approval: _____

Date/s of proposed trip: _____ Name of proposed trip: _____

1. Nature of the trip/activity?

2. Purpose of the trip/activity?

3. What educational value does the trip/activity offer? _____

4. How does the trip/activity fall within the district guidelines for sponsorship? _____

5. How many students will participate? _____ Grade Level? _____

6. How many chaperones will be used? Staff Members? _____ Parent Volunteers? _____

7. What types of student involvement will be included in the trip/activity? _____

8. What are the hazards and exposures inherent in the trip/activity? _____

9. How will transportation be managed? _____

10. What types of communication with parents/students/staff will be used? _____

11. What will the total cost for the trip/activity be? _____ Cost per student: _____

12. How will the costs for the trip/activity be covered? _____

TO BE COMPLETED BY THE ADMINISTRATOR EVALUATING THE APPROVAL

Consult pages 3-5 of the Field Trip Risk Management Guidelines

Step 1: Determine if the trip/activity is well planned and make sense (page 3)

Step 2: Determine if the trip meets District requirements and additional considerations (pages 4-5). At a minimum, the following guideline requirements should be met:

- a) Is the trip/activity covered by the school district's insurance? Yes ___ No ___ If no, how will it be insured? _____ Could a less risky trip be substituted? Yes ___ No ___
- b) Does the trip/activity need Board/Superintendent approval? Yes ___ No ___ Rec'd: ___
- e) Does the transportation comply with Board Policy? Yes ___ No ___
- c) Are the permission and transportation forms adequate? Yes ___ No ___
- d) Has a Field Trip Emergency Plan been submitted with this request? Yes ___ No ___

Approval Signature: _____ Date: _____

Denial Signature or Referred To:
