

## SPONSOR OVER NIGHT TRIP APPLICATION FORM

1. Date Trip Application is being submitted: \_\_\_\_\_
2. Destination of Trip: \_\_\_\_\_
3. Date(s) of Trip: \_\_\_\_\_
4. Trip Sponsor(s)/Coordinator(s): \_\_\_\_\_
5. Name(s) of Trip Chaperone(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Number of Students Participating in the Trip: \_\_\_\_\_
7. Cost of the Trip: \_\_\_\_\_
8. How the Trip is to be funded (please check appropriate categories):
  - a. Funded by student/family: \_\_\_\_\_
  - b. Funded by grants/donations: \_\_\_\_\_
  - c. Funded by school district: \_\_\_\_\_
  - d. Other funding: \_\_\_\_\_

Please provide an explanation for each funding category selected:

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## **Trip Details**

### **On a separate sheet of paper, respond to the following topics:**

**Rationale:** provide an explanation of the educational value or benefit of the trip. Include comments about the goals of the trip and indicate why the specific dates of the trip were selected.

**Itinerary:** include information about the departure and arrival times, day-to-day activities that will take place for the participants, and any special programs or events that will be scheduled.

**Transportation:** include the mode(s) of transportation that will be used throughout the trip. (Please note that all trips must begin and end at the site of the sponsoring school).

**Lodging Arrangements:** provide information that explains how the participants will be housed and fed on the trip.

**Selection Process:** provide a detailed explanation of how the participants were selected for the trip. Indicate how many students applied and how many students were selected.

**Medical Services:** provide a description of the medical services that will be available to the participants while they are on the trip.

## Overnight Trip Approval Page

Name of Sponsor \_\_\_\_\_

Name of Trip \_\_\_\_\_

Date(s) Sponsor(s)/Chaperone(s) will miss school :

Chaperone(s) Name(s)	# School Days Missed	Substitute Required
		Yes _____ No _____
		Yes _____ No _____
		Yes _____ No _____
		Yes _____ No _____
		Yes _____ No _____
		Yes _____ No _____

Requested by: \_\_\_\_\_ date \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Sponsor

Approved: \_\_\_\_\_ date \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Chairperson/Supervisor

Approved: \_\_\_\_\_ date \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Principal

### Student Overnight Trip Application Form

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone # (include area code) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of the Trip \_\_\_\_\_ Present Grade Level \_\_\_\_\_

Do you have a passport?     yes     no

Have you applied for any other over night trip this year?  yes     no

Have you ever participated in any other school sponsored over night trip?  yes     no

If yes, what trip \_\_\_\_\_ When \_\_\_\_\_

If this is an exchange trip, are you willing to host a student?  yes     no

#### Emergency Contact Information

Please give the name of a parent/guardian who consents to your participation in this trip.

Name \_\_\_\_\_

Street Address of Parent/Guardian \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please provide the name and phone number of an alternate contact that may be used if an emergency arises and we cannot contact the person listed above

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Overnight Trip Awareness Contract

***Participation in school sponsored trips is reserved for students who are in good standing. Students may be prohibited from participating in school sponsored trips for inappropriate and/or unacceptable behavior, an unwillingness to comply with trip regulations/expectation and for reasons that are deemed to be detrimental to the safety and well-being of the students and staff who will be participating in the trip.***

Participation on the overnight trip specified on this application is subject to the awareness, agreement, acceptance of the student participant to the following provisions:

1. The participant understands that he/she is subject to the behavioral code of conduct expected of all district students as well as those that are peculiar to his/her respective school.
2. The participant understands that he/she is prohibited from the consumption of alcoholic beverages and the use of any illegal drugs while on the trip.
3. The participant understands that the trip may have to be cancelled due to a variety of factors, including but not limited to national and world events, medical services that cannot be provided, significant changes in the trip's format from that which was previously approved, and issues related to the well-being of the participants.
4. The participant understands that deposits and other expenses may not be able to be refunded because of cancellations. The participant understands that he/she alone is responsible for deposits or expenses that may not be able to be refunded.
5. The participant has reviewed all of the written special rules and regulations provided by the trip chaperone(s) and he/she agrees to abide by these specifications during the trip.
6. The participant understands that he/she is responsible for all expenses related to unscheduled transportation home that is the result of inappropriate behavior or violation of the provision contained in this awareness contract.

My signature below indicates my awareness, understanding, and acceptance of the items outlined above.

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Student's Name (print)

Signature and Date

As the parent/guardian of the above named student, I understand that my child is participating on a school sponsored trip and that he/she is expected to adhere to the policies of the school district. I understand the content of the items outlined above and my signature indicates my awareness, understanding, and acceptance of them.

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Parent/Guardian Name (print)

Signature and Date

**MEDICAL QUESTIONNAIRE/MEDICATIONS LIST**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please indicate any additional information on next page, sign and date where indicated)*

1. Is your child presently taking or will he/she be taking any prescription medications during the trip?

( ) Yes ( ) No

*Please list prescription medications:*

Medication	Dose	Times Given	Condition Being Treated
1.			
2.			
3.			
4.			
5.			

If applicable, describe in detail instructions and dosages for administration of medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's name \_\_\_\_\_ Doctor's telephone # \_\_\_\_\_  
(please print)

2. When did your child last receive a tetanus shot? \_\_\_\_\_

3. Does your child have any allergies? ( ) Yes ( ) No

If yes, please, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### **Emergency Medical Treatment Authorization**

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that neither the school district, nor any of its agents, servants, or employees will be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I agree to notify the school in the event of any health changes that would restrict my child's participation in any of the activities scheduled for the trip.

#### **Consent and Certification**

I the undersigned, being the parent or legal guardian of the child named herein, do hereby consent to the participation of my child in all of the activities scheduled for the trip noted on this application. I agree to the emergency medical treatment provisions noted above.

\_\_\_\_\_  
Name of Student (please print)

Name of trip \_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date