

# MMSD – Sponsored Extended Trip or Tour Request for Final Approval

## District Guidelines and Checklist

FORM A

MADISON METROPOLITAN SCHOOL DISTRICT  
545 West Dayton Street • Madison, WI 53703

*Below are **instructions and a checklist** of the forms and procedures that the sponsoring certified staff member(s) must complete, compile, and submit to the Administrator of the school site/central office department in order for the requested field trip and activities to occur.*

**Note: Student participation in any MMSD-Sponsored trip may not be denied based on inability to pay.**

1. *Discuss Trip and Transportation Plan with Principal and obtain approval BEFORE discussing with students.* If you are planning a Domestic or Foreign Tour, complete the request for CONDITIONAL approval form **12-16 weeks** in advance, and attach to these forms.
2. Complete / Compile **Forms B – G** and submit to your principal at least **3 weeks** before trip unless trip is for an athletic or club contest or meet for which the team/club did not qualify until nearer to travel date.
  - ☐ **Sponsoring Staff Member Sign-off (Form C)** re: procedures and district responsibilities
  - ☐ **Detailed Itinerary (Form D)** and information below, as applicable.) Make sure that your travel agent (if applicable) is registered and that you record their registration number.
    - ☐ Lodging names and contact information.
    - ☐ Transportation details -- If private or rented autos and staff or volunteer drivers are utilized, both the "Notification of Use of Personal Vehicle to Transport Students (includes Medical Verification form, Vehicle Inspection form, Driver's License, Insurance Coverage)" and "Alternate Vehicle Driver Information Request (background check developed by DPI)" forms (separate form required for each driver) should be checked and signed by the Principal or designee and one copy kept on file at the school site
    - ☐ Name and all contact information of any organizing company (agent for your group AND the main headquarters office contact numbers/addresses), as applicable.
  - ☐ **Student and Chaperone Roster (Form E)** or another format) with names and emergency contact information.
  - ☐ **Permission/Waiver/Medical and Medication Forms** should be reviewed with school nurse at least two weeks before trip.
    - ☐ **Parent/Guardian Extended Field Trip Program Permission, Waiver, and Medical Authorization (Form F).** Each participant and parent/guardian must complete this form and all signatures must be present.
    - ☐ **Medication Required for Overnight Field Trips / Or In Case of Public Disasters** (form required, if applicable)
  - ☐ **Student Behavior Expectations (Form G)** All students and parents are required to sign this form re: standards of conduct and behavior. A completed and signed form must be on file at your school for each participant.
3. Make sure that *all contracts or agreements* related to this trip that *bind the school or district for payment or liability* is signed by the Assistant Superintendent of Business, not a school-based person.
4. After Principal signs off, submit one complete copied set of **Forms B, C, D, and E** to the Chief of School Operations.
5. **Leave one complete copied set of Forms A – G with the school office.** The original set of Forms A - G should be carried with the sponsoring staff member during travel and afterwards retained at the school for 6 years following the trip.
6. **Additional information for Domestic or Foreign Tours**
  - ☐ Include a copy of the signed Conditional approval form which was completed 12-16 weeks before the tour.

**\*\*All trips are subject to cancellation due to events beyond the control of the school district.**

# MMSD – Sponsored Extended Trip / Domestic or Foreign Tours Request for Approval

FORM B

MADISON METROPOLITAN SCHOOL DISTRICT  
545 West Dayton Street • Madison, WI 53703

Date Submitted to Chief of Schools Office: \_\_\_\_\_

Date Received in Chief of Schools Office: \_\_\_\_\_

*Form must be completed by a sponsoring certified staff member. Obtain Principal approval and send to Chief of School Operations for trip approval.*

Sponsoring Staff Member & Role:  
Cell Phone Number:

Name of Activity:

Begin Date of Trip:                      End Date of Trip:                      # School Days Involved:                      # Non School Days Involved:

Destination-Address/Phone #:

School/Department:                      Grade Levels Involved:

Criteria for participation:

NOTE: Only MMSD students who meet the trip criteria (enrolled in grade/ class/ club) and authorized chaperones may participate in a school-sponsored trip or tour. Children or relatives of students or chaperones shall not be included unless they are MMSD students meeting the eligibility criteria.

**Educational Rationale:** Briefly describe how the trip and activities are related to and consistent with the objectives of the students' course work and why the trip is necessary to fulfill those objectives:

Number of students:                      Cost per Participant:                      Cost Covers:

☐ No students have been / will be excluded from participation because of lack of funds or disabilities.

Briefly describe how students will be included and paid for/accommodated (and list fundraisers):

Number of instructors/adults:                      How many chaperones are MMSD staff? :                      Number of substitutes needed:

How are staff/chaperone costs covered?

☐ pro-rated per student   ☐ school funds   ☐ self-payment   ☐ fundraising

Housing arrangements  
(Check all that apply)

☐ Hotel

☐ Youth Hostel

☐ Camping

Other (Please list and explain):

Any contract that obligates either school funds or specific actions must be forwarded to the legal department for review and to obtain a district-authorized signature (Board Policy prohibits any employee from signing contracts that bind the Board or the District unless authorized by the Board).

Transportation Plan: The following information & confirmation pages (where applicable) **MUST** be included with Form D (check all included):

☐ Airline(s) Name(s)

☐ Point/airport of departure & method  
of transportation to airport

☐ Date(s) of departure

☐ Point/airport of arrival & method of  
transportation to lodging

☐ Date(s) of arrivals

☐ Railroad companies

☐ Bus companies

☐ Countries/cities to be visited

☐ Important phone numbers

Other Method(s) of Transportation:

**Please Note:**

- Only groups numbering 18 or fewer may use private or rental vehicles for transportation, and must comply with District Policy 8350 including the completion of requisite forms. THIS IS **NOT** A TRANSPORTATION OPTION FOR DOMESTIC OR FOREIGN TOURS
- **Students may NOT drive.**

**Unstructured Time** What provisions have been made for adult supervision when students are not involved in the trip's major activities?

**After Trip Plan** What is the plan of action for students who are not picked up after field trip concludes or who are released early?

**Health/Accident/Behavior** What provisions will be made for possible emergency action that might be required related to:

1. Serious student discipline?
2. Students have received instruction regarding any special risk situations that can be anticipated. ☐ Yes ☐ No
3. Student health or accident problems?
  - a. Name of staff member chaperone with First Aid Training:
  - b. Name of staff member chaperone with CPR Training:
  - c. Name of staff member chaperone with DPI Training in administration of medication:

\*\*\*\*\* Principal verification of DPI Training completion \_\_\_\_\_ (signature)

*In the judgment of the undersigned, every reasonable precaution will be taken to avoid accidents to students participating in this activity.*

Signature of MMSD Certificated Staff Member Sponsoring Activity \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal /department director \_\_\_\_\_ Date \_\_\_\_\_

**FINAL APPROVAL STATUS**

\_\_\_\_\_ Yes, forms B, C, D & E (and Conditional approval form, if applicable) have been reviewed and this trip has been approved by the District Administration.

\_\_\_\_\_ No, this field trip has not been approved for the following reason(s):

Legal Services (approval of contracts): \_\_\_\_\_ Date \_\_\_\_\_

Chief of School Operations: \_\_\_\_\_ Date \_\_\_\_\_

Superintendent (final approval): \_\_\_\_\_ Date \_\_\_\_\_

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**SPONSORING STAFF MEMBER SIGN-OFF**

**FORM C**

MADISON METROPOLITAN SCHOOL DISTRICT  
545 West Dayton Street • Madison, WI 53703

**Sponsoring Staff Member:**

**School Site:**

**Dates of Trip:**

**Trip Destination:**

**Emergency Contact Names and Telephone Number:**

**To ensure the health and safety of all participants the following checklist must be followed.**

**Please initial below:**

\_\_\_\_\_ I have talked to my site principal about the educational value of the trip and MMSD and State of Wisconsin rules and regulations regarding student and staff behavior.

\_\_\_\_\_ I am aware that no member of the MMSD staff may receive anything of value for arranging a school-sponsored trip, including but not limited to: free/reduced trips, rooms, etc. **Anything of value must go to MMSD, and my principal will determine how the value is distributed.**

\_\_\_\_\_ All District policies and the Behavior Education Plan are in effect for the duration of the extended field trip.

\_\_\_\_\_ I have a minimum of one chaperone for every 10 students, and if any chaperones are not staff members, I have ensured that they have undergone MMSD volunteer background checks and received approval from Superintendent/Designee. *(if the non-staff chaperone comprises the 10-1 ratio, then approval is needed from the superintendent designee to use a non-staff member to ensure that ratio is met)*

\_\_\_\_\_ I have held pre-departure meetings on acceptable behavior of students and chaperones with all participants.

\_\_\_\_\_ I agree to report any infraction within 24 hours via an email or phone call to the school site or district administration.

\_\_\_\_\_ I will take copies of emergency information for students and chaperones and provide chaperones with copies of student emergency information.

\_\_\_\_\_ I have a contact and meeting place for students who may be separated from the group while on the extended field trip.

\_\_\_\_\_ I am aware that each adult chaperone must follow all district staff rules and regulations during the extent of the trip, and have informed them of this requirement.

\_\_\_\_\_ I am aware that no chaperone may consume alcohol or other controlled substances for the duration of the trip.

\_\_\_\_\_ I am aware that if I violate any of the rules and regulations that I may be subject to disciplinary actions.

\_\_\_\_\_ I will carry a copy of the entire information packet with me at all times (Forms A-G) including permission/medical/medication forms.

----- Elementary school staff members: I am complying with Elementary Guidelines including those regarding water activity restrictions.

**For International travel:**

\_\_\_\_\_ I have followed the schedule for obtaining travel documentation (or have made modifications listed herein) and have duplicates of the signed passport photo/information page plus other travel documents for each participant, including chaperones.

\_\_\_\_\_ I am following the schedule for obtaining immunization records as stated on the Conditional Approval (or have made modifications listed herein), and have copies of immunization records

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Detailed Itinerary

MADISON METROPOLITAN SCHOOL DISTRICT  
545 West Dayton Street • Madison, WI 53703

### FORM D

Sponsoring Staff Member:

School:

Dates of Trip:

Destination:

**Please complete the following AND attach a detailed itinerary including all activities during trip**

**TRANSPORTATION (Check all that apply)** (NOTE: Policy & Procedure 5100 provides that "Transportation on domestic or foreign tours may not include employee or volunteer drivers transporting students as authorized under BOARD Policies 3350 and 8350)

Means of transportation from airport to lodging (if applicable): \_\_\_\_\_ and check as applicable:

- ☐ All transportation is by bonded commercial carrier (**attach confirmations forms and contract if applicable**)
- ☐ \*A district employee is transporting students as part of the trip and has complied with Board of Education Policy 3350 and 8350. All driver verification (driver license, insurance, etc.) has been sent to the Chief of School Operations and Risk Management.

**\* not an option for trips with more than 18 students attending or for foreign or domestic tours**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Insurance  | <input type="checkbox"/> Medical Exam                                 | <input type="checkbox"/> Driver's License/driving record |
| <input type="checkbox"/> Request to Use Personal Vehicle<br>to Transport Students | <input type="checkbox"/> Alternate Vehicle Drive<br>Info Request Form | <input type="checkbox"/> *Vehicle Inspection             |

- ☐ \*A parent or volunteer coach/advisor is transporting students as part of the trip, and has submitted: all driver verification (driver license, insurance, etc.) information to the Chief of School Operations **AND** a Volunteer Disclosure Statement to Human Resources.

**\* not an option for trips with more than 18 students attending or for foreign or domestic tours**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Volunteer Disclosure Statement           | <input type="checkbox"/> *Vehicle Inspection | <input type="checkbox"/> Insurance                       |
| <input type="checkbox"/> Alternate Vehicle Driver Info<br>Request | <input type="checkbox"/> Medical Exam        | <input type="checkbox"/> Driver's License/driving record |

☐ IF Rental vehicles are being used to transport students, rental has been made pursuant to the state cooperative contracts with Hertz or Enterprise, or 1) Driver's automobile insurance has verified liability coverage in the amount required under Policy 8350 even when driving rental vehicles for the purpose of transporting students on trips, and 2) the rental vehicle's safety inspection certificate can be provided PRIOR to transporting students. **Provide Rental Agreement** other than those under the state cooperative contracts.

- ☐ No 12- or 15- passenger van (or vehicle built on the chassis of a 12- or 15- passenger van) is being used to transport students.

**Other Transportation** (for air carrier/flight #s/departure/arrival times, names of bus/rail companies, etc.

**Student Tour Company Information:**

**Departure Information:**

**Return Information:**

- ☐ Hotel / Lodging Information & Confirmation page is attached

## Student and Chaperone Roster

MADISON METROPOLITAN SCHOOL DISTRICT

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**FORM E**

**Sponsoring Staff Member:**

**School:**

**Dates of Trip:**

**Destination:**

*Another format may be substituted for this form as long as it contains the pertinent information. This or other roster must be attached for approval.*

Trip Participant Name	Student or Chaperone?	Emergency Contact	Phone	Relationship

# Parent / Guardian Extended Field Trip Permission, Waiver and Medical Authorization

FORM F

MADISON METROPOLITAN SCHOOL DISTRICT  
545 West Dayton Street • Madison, WI 53703

Sponsoring Staff Member \_\_\_\_\_

School \_\_\_\_\_

Dates of Trip \_\_\_\_\_

Destination \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in the extended field trip or tour.  
Student's Name (print) \_\_\_\_\_ Grade \_\_\_\_\_

## Health Needs: Parent / Guardian to INITIAL as appropriate.

In the event I cannot be reached, I authorize the person in charge to obtain the necessary medical aid from a licensed physician at my own expense.

☐ Yes ☐ No (If no – explain on back of form)

\_\_\_\_\_ My student will need to take the following medication(s): \_\_\_\_\_

for the following diagnosed health condition(s): \_\_\_\_\_

**No prescription or non-prescription drug product will be administered by school/MSCR personnel without the Medication Consent form and the Order for Medication Administration form being filled out and returned to the School Nurse.**

\_\_\_\_\_ My student has no special health needs the staff should be aware of and no medication is required on the field trip.

I fully understand that participants are to abide by all rules and regulations governing conduct during this field trip. In the event that a participant must return home due to disciplinary action, all expenses shall be billed to the parent/guardian. There shall be no refunds or credits granted for those portions of the program not attended by student.

All expenses for health treatments/procedures are the responsibility of the parent/guardian, and that Madison Metropolitan School District does not carry or provide accident or travel insurance.

I understand there may be unanticipated health and safety risks involved in this trip and agree to hold the Madison Metropolitan School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

Parent/Guardian's Name (print)

Parent/Guardian's Signature

Address

Home Phone

Work / Cell Phone

Health Care Provider and Phone

Insurance carrier and number

Student's Signature

Date

**PLEASE RETURN THIS FORM TO THE SPONSORING STAFF PERSON AT THE SCHOOL by \_\_\_\_\_.**

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# Student Behavior Expectations

MADISON METROPOLITAN SCHOOL DISTRICT  
545 West Dayton Street • Madison, WI 53703

FORM G

Sponsoring Staff Member \_\_\_\_\_

School \_\_\_\_\_

Dates of Trip \_\_\_\_\_

Destination \_\_\_\_\_

!

## Parent/Guardian - Student Agreement

In order to make this trip a success, it is vital that all concerned realize that some standards of conduct and behavior must be agreed upon and understood.

**Parents/guardians are requested to go over the following items with their student and then return the signed form to the sponsoring staff member before the trip.**

1. DRESS: Proper dress for travel is required as described by the trip leader.
2. HOTEL / LODGING: Students must be in their assigned rooms. Hours, lights out, and quiet must be observed. Any damage to hotel property / lodging incurred by "horseplay" or otherwise is the responsibility of the student/parents/guardians.
3. SIDE TRIPS: Not permitted without specific permission from leaders. **No one goes anywhere alone.**
4. TOBACCO: There is absolutely **no use of tobacco** in any form.
5. ALCOHOL / DRUGS: **Participants shall not possess, use, furnish, smoke, or otherwise ingest illegal substances or alcohol**, or he/she shall be referred to the Principal of the school site. Infractions will be dealt with by normal school disciplinary measures, and may result in the offending student being sent home immediately. *Local law enforcement may be contacted if deemed necessary.*
6. PROMPTNESS: A trip is only as fast as its slowest members. Attention to schedule is paramount.
7. BELONGINGS: Students should have the proper clothing and equipment for safety / pleasure / comfort.
8. ATTENTION: Whenever verbal instructions or directions are given, all participants must pay 100% attention.
9. COMMON COURTESIES: These are expected by students toward fellow students, chaperones, and all people you come into contact with during the trip.
10. ROOM / BUS / CAR: Clean-up of vehicles and rooms is the expected norm.

**The following acts will not be tolerated and could result in the immediate return home of the student, accompanied by a chaperone via public transportation, at the parents'/guardians' expense for both student and chaperone:**

1. Insubordination or flagrant violations of field trip rules.
2. Possession or use of tobacco, alcohol, marijuana, or any other illegal substance as stated above.
3. Failure to cooperate with any chaperone's request.

**Print** Student Name

Grade

**I have reviewed the above with my parent/guardian and agree with the provisions and expectations herein.**

Student Signature

Date

**I have reviewed the above with my student and agree with the provisions and expectations herein.**

**Print** Parent/Guardian Name

Parent/Guardian Signature

Date

**\*\*All trips are subject to cancellation due to events beyond the control of the school district.**