IV.C.2. FIELD TRIP POLICY IV.C.2.

The East Providence School Department recognizes that field trips are vehicles for expanding educational opportunities of all children within the school district. In keeping with this recognition and belief, it encourages teachers to utilize field trips as a means to enhance the curriculum.

This policy shall govern all daytime, overnight and extended field trips including trips for extra-curricular purposes such as attendance at athletic events or out of state competitions.

All field trips within Rhode Island and contiguous states must be approved by the Superintendent of Schools or his/her designee.

All other out of state trips must be approved by both the Superintendent of Schools and the School Committee.

Requests for approval of an overnight field trip shall be submitted to the Superintendent of Schools at least three months before the trip is expected to commence.

All field trips shall meet the following conditions:

A. Chaperones:

1. All chaperones must adhere to the current East Providence protocols.
2. All chaperones must adhere to the Volunteer Background Screening.
3. Guests, including siblings, are not allowed to accompany chaperones on field trips.
4. Parents/Guardians are encouraged to attend field trips when appropriate.

B. Student Attendees:

All student attendees, including students attending who are not enrolled students of the District, shall agree in writing that they shall be subject to the District and the School's Disciplinary Code.

C. Field Trips:

1. Demonstrate relevance to the curriculum or be of educational value;
2. In no case shall a pupil be denied the opportunity to participate on a field trip on a financial basis;
3. There shall be adequate adult supervision on trips. A ratio of one (1) adult for every ten (10) pupils is required.;
4. Private vehicles may not be used to transport pupils;
5. Students attending a field trip must have parental permission secured; attendance at school is required of pupils who will not be participating;

6. There must be a designated school personnel on every trip and that personnel is responsible for maintenance of emergency kit, including, but not limited to medical supplies and contact lists for students.

Completed copies of Enclosures A & B must be provided to the business office at least two weeks prior to departure; failure to do so will result in cancellation of the trip.

E. Cancellation of Trips:

The Superintendent and/or School Committee reserve the right to cancel a trip. The School Committee will not be liable for the loss of funds which may result from such a cancellation.

F. Selection of Bus Types

1. Typical school buses shall be used for all field trips with a one-way driving time of under two hours or less than 100 miles. Coach type buses may be used on trips of less than 100 miles if weather conditions warrant.
2. Coach-type buses may be used for trips in excess of two hours/100 miles or if the cost of a coach is less than the cost of a school bus or if weather conditions warrant.
3. All requests for field trip transportation of either a school bus or coach will be made via the transportation company that provides transportation services to the school district who will:
    a. Provide all school buses and/or its own coach(es) for field trips as per contract arrangements.
    b. Coordinate requests for use of a coach with other bus companies so as to provide a service to the district and to obtain the most competitive price.
4. If the district's transportation company cannot provide the services noted in Item 3 above, the school unit may proceed to secure field trip transportation from other sources via the building Principal with the approval of the business office. Price competitiveness, service capability and appropriate insurance coverages are to be provided by the transportation company selected to provide the service.

Private Transportation/Travel Agent Form

The following information will be provided to the Business Office:

- Has the travel agent or tour operator completed the hold harmless agreement (Enclosure A)? Yes/No
  (Attach completed enclosure with application)

- Has the travel agent or tour operator completed the General Liability Endorsement (Enclosure B)? Yes/No (Attach completed enclosure with application)

- Will a private transportation carrier be used for the transportation of students? Yes _____ No _____

  If the answer is yes, please complete the information below.

  _____
  License Number

  _____
  Name of Agency

  _____
  Phone Number

  _____
  Address

Sponsor/Advisor will have each student complete the Student Information and Permission Form (Enclosure C). The Advisor/Sponsor will provide a copy of each student's information and permission form to his/her building level Principal prior to departure.

Enclosure A

The _____ (Name of Contractor/Service Provider) hereby agrees to defend, indemnify and hold harmless the East Providence School Department from and against any and all liability, loss, damage, claim or action, to the extent permissible by law, arising out of the operations performed or services provided by the contractor under the contract including, but not limited to the transportation or individuals by _____ (Name of Contractor/Service Provider) its employees, agents, servants and volunteers.

_____
Name of Contractor/Service Provider

_____
Print Name

_____
Signature

_____
Title

_____
Date

Enclosure B

General Liability Endorsement

East Providence School Department
1998 Pawtucket Avenue
East Providence, RI 02914

Attention: Director of Finance

A. Policy Information **Endorsement # _____**

1. Insurance Company _____Policy # _____

2. Policy Term (From) _____ (To) _____
   Endorsement Eff. Date _____

3. Named Insured_____

4. Address of Named Insured _____

5. Limit of Liability and One Occurrence/Aggregate $_____/_____

   Commercial General Liability Aggregate (check one):
   Applies "per location/project" _____
   Is twice the occurrence limit _____

6. Deductible or self-insured Retention (Nil unless otherwise specified) $ _____

7. Coverage is equivalent to (check one):

   Comprehensive General Liability form GL0002 (Ed 1/73) _____
   Commercial General Liability "occurrence" form CG00 1 _____
   Commercial General Liability "claims made" form CG002 _____

8. Bodily Injury and Property Damage limit is:
   "Claims made" _____
   "Occurrence" _____
   If claims made, the retroactive date is _____

9. Comprehensive Auto Liability:
   Coverage $_____ Single Limit (owned, hired and non-owned)

The policy of insurance shall include:

This endorsement is issued in consideration of the policy premium, notwithstanding any inconsistent statement in the policy to which this endorsement is attached hereto, it is agreed as follows:

1. **Insured:** The East Providence School Department, its elected or appointed officials, employees and volunteers are included as insured with regard to damages and defense of claims arising from:

(a) activities performed by or on behalf of the Named Insured,
(b) products and completed operations if the Named Insured, or
(c) premises owned, leased or used by the Named Insured.

2. **Contribution Not Required:** As respects: **(a)** work performed by the Named Insured for or on behalf of the East Providence School Department; or **(b)** products sold by the Named Insured to the East Providence School Department; or **(c)** premises leased by the Named Insured from the East Providence School Department, the insurance afforded by this policy shall be primary insurance as respects the
East Providence School Department, its elected or appointed officers, officials, employees or volunteers; or stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the East Providence School Department, its elected or appointed officers, officials, employees or volunteers shall be in excess of this insurance and shall not contribute with it.

3. **Scope of Coverage:** This policy, if primary, affords coverage at least as broad as:

A. Insurance Services Office form number GL002(Ed.1/73), Comprehensive General Liability Insurance and Insurance Services Office form number GL0404 Broad Form Comprehensive General Liability endorsement; or

B. Insurance Services Office Commercial General Liability Coverage, "occurrence" for CG0001 or "claims made" form CG002; or

C. If excess, affords coverage which is at least as broad as the primary insurance forms referenced in the preceding sections (1) and (2).

4. **Severability of Interest:** The insurance afforded by this policy applies to each insured who is seeking coverage or against whom a claim is made or a suit is brought, except with respects to the Company's limit of liability.

5. **Provisions Regarding the Insured's Duties After Accident or Loss:** Any failure to comply with reporting provisions of the policy shall not affect coverage provided to the East Providence School Department, its elected or appointed officers, officials, employees or volunteers.

6. **Cancellation Notice:** The insurance afforded by this policy shall not be suspended, voided, canceled, reduced in coverage or in limits except after thirty (30) days prior written notice by certified mail return receipt requested has been given to the East Providence School Department. Such notice shall be addressed as shown in the heading of this endorsement.

C. Incident and Claim Reporting Procedure

Incidents and claims are to be reported to the insurer at:

Attn:_____

_____
Title

_____
Company

_____
Street Address

_____
City State Zip Code

_____
Telephone Number

D. Signature of Insurer or Authorized Representative of the Insurer:

I, _____(print/type name), warranty that I have the authority to bind the below listed insurance company and by my signature hereon do so bind this company.

_____
Signature of Authorized Representative

Organization: _____

Title: _____

Address:
_____

Telephone Number: _____

Enclosure C

HEALTH CONCERN FIELD TRIP FORM

Demographic Information:
Student's Full Name:_____ Date of Birth:_____

Allergies:

Allergy Trigger	Name/Type Allergy	Reaction	Treatment
Animals			
Environmental			
Food			
Bees/Wasps			
Drugs			

Health History (Please check all conditions your child has or has had and explain below)

Asthma	Emotional Concerns	Diabetes	Hearing Difficulties
Blood Disorders	Congenital Disorders	Digestive/Elimination	Muscular Conditions
Behavioral Concerns	Dental Concerns	Heart Condition	Physical Limitations
Neurological Conditions	Seizure Conditions	Vision Problems	Daily Medications

Explain any check mark with age of onset and diagnosis:
_____
_____
_____
_____

List any other diagnosis, syndrome or limitations the student has or has had. (Provide, condition, treatment, etc):
_____
_____
_____
_____

Parent/Guardian Signature:_____

Date:_____

Medical Emergency: In the event of a medical emergency, the procedure on this trip will be to call the parent, time permitting, before taking a student to a doctor or hospital. When a parent/guardian or his/her designee cannot be reached, the following permission will permit prompt attention. In the event of an emergency, I acknowledge that school personnel shall attend to the immediate safety of my child prior to notification of the parent/guardian.

I give permission for the school field trip leader or designee to sign any consents, which may be necessary to allow hospital personnel and/or licensed personnel to examine my child and perform any emergency procedures or emergency treatment which may be necessary. In providing this consent, I acknowledge that the East Providence School Department is in no way responsible and shall incur no liability for the actions of hospital, emergency ambulance and/or medical personnel, and as such, I indemnify, hold harmless and waive any right of legal action against the East Providence School Department for the actions of said personnel.

_____ _____

Parent/Guardian Signature **Date**

Enclosure D

Student Information & Permission Form

This form is confidential and is meant to assist advisor/sponsor(s) of the activity with vital information in the event of an emergency. It is not meant to disqualify anyone from participation in the activity.

A. INFORMATION:

Name: _____ Age: ____ Birthdate: ___ /___/_____

Address: _____

Mother: _____

Telephone (Home, Work & Cell) _____

Father: _____

Telephone (Home, Work & Cell) _____

Emergency Contact:_____

Telephone (Home, Work & Cell)_____

Family Physician:_____

Telephone _____

Health Insurance Carrier:

_____

Company Name Policy # Eff. Date

Insured Name:_____

B. EMERGENCY TREATMENT:

In the event my son/daughter becomes injured or ill while participating in the sponsored activity, he/she may be taken to the nearest hospital emergency room for appropriate emergency treatment to be administered by the attending physician. I understand that while my child is being treated, every attempt will be made to contact me at home or at work.

C. FIELD TRIP MEDICAL FORM IS ATTACHED: Yes _____ No _____

D. PERMISSION:

I give my son/daughter _____ permission to participate in the activity sponsored by _____ to _____.

_____ _____
Parent/Guardian Signature Date

Enclosure E

OVERNIGHT FIELD TRIP MEDICATION AUTHORIZATION FORM
For all Prescription and Non-Prescription Medications (Grades 6-12)

This Section to be completed by Parent/Guardian

- To ensure the safety of all students EPPS requires that all students medications are held/secured by EPPS staff/medical chaperones during overnight field trips. The only exceptions to this policy are prescription inhalers and epinephrine auto-injectors, which students may self-carry and self-administer with written permission from both a parent/guardian and the prescribing physician.
- All medications require a doctor's order and parent/guardian permission.
- All medications must be supplied in the original prescription-labeled container, or in the original manufacturer-labeled container, labeled with the students name. Parents/guardians must supply enough medication to cover the duration of the overnight field trip.
- All medications must be given to the school nurse at least one week before departure so they can be organized and packed for the overnight field trip
- Please call or email the school nurse with all medication questions.

I give my child permission to self-administer the following medication under the supervision of EPPS staff/medical chaperone during an overnight field trip. If applicable, I give my child permission to self-carry their prescription inhaler and/or epinephrine auto-injector.

_____
Parent/Guardian Signature

==========
This section to be completed by the Child's Physician

Student Name:_____Date of Birth:_____

Medication:_____Dosage:_____
Route:___Time:_____

Side Effects:_____

Other Instructions:_____

INHALERS and/or EPINEPHRINE- May self-carry (circle one): YES NO MD Initials ___

_____ _____ _____
Physician Signature Physician Name Date

OVERNIGHT FIELD TRIP OTC MEDICATION AUTHORIZATION FORM

Non- Prescription Medications Approved by School Physician (GRADES 6-12)

- The following over-the-counter medications are approved for use as needed during overnight field trips by our school physician Dr. Leah Adams, and do not require a separate medication order from your child's physician.
- This medication will be supplied by EPPS staff/medical chaperones.

Below please indicate which medications your child has permission to self administer under the supervision of EPPS staff/medical chaperone during an overnight field trip.

Parent Permission	**Medication Name**	**Use**
YES or NO	Tylenol (Acetaminophen)	Relieves minor aches and pains from headache, menstrual cramps, muscle pain, common cold. Reduces fever
YES or NO	Motrin, Advil (Ibuprofen)	Relieves minor aches and pains from headache, menstrual cramps, muscle pain, common cold. Reduces fever
YES or NO	Tums (Calcium Carbonate)	Relieves heartburn, acid indigestions, sour stomach, upset stomach, bloating & discomfort from gas

Student Name:_____ Date of Birth: _____

Allergies:_____

_____ _____

Parent/Guardian Signature Date

_____

Parent/Guardian Cell Phone Number

Enclosure F

EMERGENCY MEDICAL PLAN

PROCEDURES FOR CALLING 911 ON A FIELD TRIP

1. REMAIN CALM. This aids the operator in receiving your information.

2. DIAL 911. Remember you may need to access an outside line first.

3. My name is:
_____.

4. I need a paramedic at:
_____.

5. My exact address is:
_____.

6. There is a student with a
_____.
(fracture, loss of consciousness, cardiac arrest, asthma attack, etc.)

7. The student's name is:
_____.

8. I am calling from:
_____.

9. _____ will meet the ambulance.

10. Wait until the operator hangs up first and then go to meet the EMS unit.

FIELD TRIP CHECKLIST

The following steps assist the sponsoring staff members through the field trip process.

Date Done	**Step 1. Initial Planning** (Approximately _____ weeks before trip)
	Determine and document the educational benefit of the field trip
	Develop a description of all activities: include transportation and eating plans (if needed); List unusual aspects of the trip; include all related brochures
	Estimate the planned number and ages of participating students and the number of chaperones needed
	Determine costs and funding
	Develop a preliminary itinerary of activities
	Review field trip plan with the building Principal
	Secure Principal's preliminary approval to conduct the field trip and to conduct fundraising if needed
	Seek School Committee approval for overnight or out of state field trips
	Receive School Committee approval
	Develop a plan for assisting students who may be unable to pay their own expenses
Date Done	**Step 2. Detailed Planning** (8 to 4 weeks before trip)
	Contact place(s) being visited for preliminary arrangements
	Evaluate the field trip site for potential hazards, special requirements of location
	Review all contracts and insurance requirements
	Arrange for transportation
	Arrange for food services if needed
	Develop a detailed itinerary
	Identify risks associated with this field trip
	Determine adult supervision needed and arrange for chaperones – determine if background checks have been conducted (at least a 10 to 1 ratio for day trips; 5 to 1 for overnight trips)
	Determine if parent of medically fragile student will chaperone. If not, insure nursing coverage is in place
	Meet with the School Nurse to plan medication needs/dispensing for students; arrange for nursing coverage if needed
	Assemble parent information/permission packets to include permission forms, emergency treatment and medical condition forms
	Insure an appropriate alternate plan is in place for medically fragile children in the event nursing coverage is unavailable
	Arrange substitute coverage for staff participating in the field trip

	Arrange for supervision of students who opt out of the field trip

Date Done	**Step 3. Final Arrangements** (4 to 2 weeks before trip)
	Provide all field trip information to parents; begin collecting permission slips
	Ensure adequate supervision will be available
	Confirm transportation and food services if needed
	Confirm arrangements with place to be visited (if needed)
	Confirm arrangements for special medications or nursing coverage
Date Done	**Step 4. Final Checks** (day of trip)
	Confirm there is adequate adult supervision for the trip
	Check attendance and provide school office with an updated list of participating students
	Ensure adequate transportation
	Ensure parental permission is obtained and emergency information is available
	Review behavior expectations with students
	Get medications for students and insure medications are secure. Get first aid kits to go with teachers
	Search all bags prior to leaving the high school/middle school
	Make sure emergency phone numbers are available to staff/chaperones
Date Done	**Step 5. After Trip Evaluation** (soon after the field trip)
	After the field trip, evaluate field trip procedures and the activities involved to ensure future field trips are safe

Adopted November 21, 1957
Revised December 12, 1972
Revised April 8, 1975
Revised February 14, 1978
Revised March 11, 1980
Revised February, 1999
Revised October 2001
Revised February 11, 2003

East Providence School Committee
Policy Approve: June 12, 2018
Policy Revised: February 11, 2020
Policy Updated: June 10, 2025

(To be completed by teacher and submitted to the Principal for approval and forwarded to the Assistant Superintendent for authorization 2 weeks prior to the date of the trip.)

FORM FOR REQUESTING AND REPORTING FIELD TRIPS

Date

Name of School

Day and Date of Trip Planned

Destination

Expected Departure Time Return Time

Grade # of Classes # of Students

Name(s) of Teacher(s):

Substitute needed: YES NO Funding source for substitute _____

Describe how this activity supports teaching and learning and school and/or district goals:

_____

_____

_____

Number of Chaperone(s) (if any additional):

Funding Source: □ PTA □ School □ Student □ Other

Signature of Teacher Requesting Trip: Date

Approved by: Date_____
Signature of Principal

Final Approval: _____Date_____
Assistant Superintendent

Note: Transportation Requisition Forms, if needed, are to be forwarded with this form.

Revised 2/20