

**Spring Branch Independent School District
Agenda Item Information**

Date of Board Meeting: June 25, 2007

Subject: Adoption of Policy: FMG (LOCAL) STUDENT ACTIVITIES: TRAVEL

Administrator Responsible:

Name: Diane Jackson, Ed.D.

Position: Policy Administration & Governmental Relations

Purpose of Agenda Item:

Information only Action needed Report

Additional Information and/or Back-Up:

Recommend adoption of policy FMG (LOCAL) STUDENT ACTIVITIES: TRAVEL.

FMG (LOCAL) has been revised to reflect Board discussion on June 18, 2007.

Copy is attached.

FMG (REGULATION) and (EXHIBITS A-I) were provided to the Board in the Friday Notes on June 21, 2007 and are attached for Board review.

STUDENT ACTIVITIES:
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PHILOSOPHY

Educational study trips are an extension of the classroom and are to be planned so that the Texas Essential Knowledge and Skills (TEKS) are reinforced. Careful note should be made of all trips requested so that trips are not duplicated as children progress from one grade to the next.

The District supports the concept of meaningful, TEKS-related study trips, as well as athletic trips, U.I.L. competition trips, trips to Special Education Community-Based Instruction, and trips for Career and Technology Education.

INSTRUCTIONAL
TRIP REVIEW
PROCESS

For an instructional trip request to meet eligibility standards, it must:

CRITERIA FOR
APPROVAL

1. Be approved by the principal, and, at the secondary level, the content-area department chairman;
2. Demonstrate that the trip provides for experiences directly related to the content-area essential knowledge and skills;
3. Involve a manageable group size for participation in the particular field experience chosen; and
4. Provide an adequate plan of student supervision for the number, age-level, and type of activity.

PROCEDURES
FOR OBTAINING
TRIP APPROVAL

Teachers/sponsors of proposed instructional trips must complete a trip request form, providing all the necessary details of the proposal, and obtain the signature of the principal.

All trip requests must be submitted one month prior to the date of trip requested.

School-connected student travel shall be defined as any school-sponsored, school-approved activity that involves a school representative and one or more students leaving the campus of the school. All such excursions shall have the approval of the Superintendent or designee, and it shall be his or her responsibility to determine that all reasonable and proper provisions for safety and well-being of the personnel concerned have been made.

SCHOOL-
SPONSORED TRIPS IN
GENERAL

Students who participate in school-sponsored trips shall be required to ride in transportation provided by the school to and from the event. Exception may be made if the student's parent or guardian personally requests that the student be allowed to ride with the parent or presents a written request to the principal

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or designee the day before the scheduled trip that the student be allowed to ride with an adult designated by the parent. The District shall not be liable for any injuries that occur to students riding in vehicles that are not provided by the school.

OVERNIGHT TRIPS

Students may be permitted to take school-sponsored overnight trips for the following purposes:

1. Instructional purposes (study trips and all extracurricular travel). Approval for the trip shall be from the principal.
2. Activities of school-sponsored or school-sanctioned clubs or organizations. Approval for the trip shall be from the principal and the Superintendent or designee.
3. UIL or other sanctioned competitions. Approval for the trip shall be from the principal and the Superintendent or designee.

OUT-OF-STATE TRIPS

Students may be permitted to take out-of-state school-sponsored trips for the following purposes:

1. Instructional purposes (study trips and extracurricular travel).
2. Activities of school-sponsored or school-sanctioned clubs or organizations.
3. Other sanctioned competitions.

Out-of-state trips require approval of the principal and the Superintendent or designee.

OUT OF COUNTRY TRIPS

Extended trips requiring three days or more of absence from school or travel to a foreign country shall require approval of the Board.

All requests for out-of- country travel by student organizations shall include the following:

1. An official invitation in writing from the organization sponsoring the event.
2. A list of all major trips taken by the organization in the past four

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years.

3. A financial breakdown for the trip indicating the total amount of money needed to make the trip and the actual cost per student.
4. A financial accounting of the amount of money on hand and the amount of money to be raised for the trip.
5. Assurance that signed disclaimers will be obtained from all trip participants prior to departure and, in the case of students, their parents or guardians, relieving the Board, the administration, and the staff of any responsibility for losses or personal or financial injury or damages arising from incidents associated with the trip.

A single organization shall be limited to one out of state trip every other year, unless approved by the principal and the Superintendent or designee.

FINANCING

No expenses connected with an out of state trip shall be paid from District funds. Chaperones' expenses shall be paid by the organization sponsoring the trip and must comply with DEE (LOCAL).

Money shall be raised before the trip by direct contributions from parents, by fund-raising projects (see FJ and GE), and through a "Trip Fund" which may be established by any school organization and may be contributed to each year in anticipation of trips. No direct solicitation of contributions from local merchants shall be allowed.

A complete financial accounting shall be required 30 days after completion of the trip.

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APPROVAL

The principal, with information from the teacher, will carefully consider each request for a trip and approve only those trips with instructional value outweighing any loss of regular instructional time.

APPROVAL
PROCESS (NOT
OVERNIGHT)

The Trip Request (Not Overnight) form must be submitted to the principal for approval at least one month prior to the date of the trip. [Exhibit A]

EXTRACURRICULAR
TRIPS AND
PERFORMANCES

APPROVAL
PROCESS
(OVERNIGHT)

Requests for overnight activities are to be submitted on the Trip Request (Overnight) form to the building principal, program director, and the appropriate Executive Director at least two months prior, for approval. [Exhibit B]

All other trips are approved at the building level, except those trips that require support from the central budget. The appropriate program director, as well as the building principal, must approve those trips requiring support from the central budget. Approval of such requests must precede formal announcements of and preparations for the trip.

TRIP RULES

Extracurricular trip timelines do not apply for:

1. UIL activities, including advancement to regional and state levels of competition.
2. Activities in Spring Branch ISD.
3. Individual performances or competition, including advancement to regional, state, and national levels. (Examples: debate, Texas Music Educator's Association, career and technology education competition, National Forensics League, etc.)

Any other activities must follow the APPROVAL PROCESS outlined above.

LIMITATIONS

Each middle school group is limited to one out-of-District performance per class per school year.

Each group's trip must not require more than one school day total time out of class per group per school year unless approval is granted by the superintendent or designee. Middle school band performances will not involve marching.

At the high school level:

1. Overnight trips are allowed with consideration to the nature of the trip.
2. No more than one day of instruction may be missed for trips (in-state or out-of-state) per group per school year unless approval is granted by the principal and the superintendent or designee.
3. A group within an organization (i.e., symphonic band, top performing choir,

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winter guard) may not take an out-of-state trip on consecutive years.

4. Only students who are part of the performing group may participate in trips that require missing school unless authorized by the principal.
5. Extended trips requiring three days or more of absence from school or travel to a foreign country will require approval from the Board of Trustees.

EXCEPTIONS

Any exception to these rules shall be made only with the approval of the Superintendent.

CONSENT

Students will not participate in a field trip without written consent of a parent/guardian. [Exhibits C and D]

SUPERVISING
EMPLOYEES

District personnel must accompany students on all school-sponsored trips and will assume responsibility for the students' proper conduct.

An administrator or designee must accompany students on all overnight trips.

The adults supervising any student trip will take with them copies of each student's Medical Authorization Form for Trips [Exhibits E and F]

EMPLOYEE
REIMBURSEMENT

Travel reimbursement for employees must comply with DEE (LOCAL), which includes but is not limited to the following:

OUT OF
DISTRICT
TRAVEL

1. All out of district travel must be approved in advance on the Travel Request form [Exhibit A; this form is an NCR form] by the appropriate Senior Staff Member or Executive Director. Grant managers must also approve all travel being paid for with federal, state or local grants.
2. Travel Request forms are not required if the only expenses are registration fees, substitute costs and/or local mileage reimbursement.
3. Original receipts are required for reimbursement of the following:
 - a. Registration fees (receipt and documentation indicating the cost of the conference if not printed on the receipt.)
 - b. Hotel (Hotel Occupancy Exemption form should be used in Texas) [Exhibit C]
 - c. Airline tickets
 - d. Rental cars
 - e. Meals (all meal receipts when using grant funds)
 - f. Parking
 - g. Single expenditure over \$20 (excluding meals paid from general funds)
 - h. Miscellaneous expenses must be itemized and include airport parking and any ground transportation (taxi and shuttles) and gratuities applicable to the conference.

Credit card charge slips or copies of checks are not considered original receipts.

MEALS

1. Meals, including gratuities, will be reimbursed up to \$35 per day. Meals charged against grant budgets require receipts and will be reimbursed based on the amount of the receipts up to \$35.
2. Meals, including gratuities, and reimbursement for partial days will be based on

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breakfast, \$5.00; lunch, \$10.00; and dinner, \$20.00.

3. Meals for meetings within the Houston Metropolitan area will not be reimbursed unless they are in conjunction with the meeting and included in the registration cost.
4. Do not request reimbursement for meals provided by the seminar or conference. As an example, if the conference includes a lunch program, the per diem meal reimbursement for that day would be limited to \$25 (\$35 less \$10 for lunch).

CHAPERONES

1. The principal must approve all chaperones.
2. There must be a minimum ratio of one chaperone per ten students for grades PK-5. Some trip locations will require an increase in adult supervision, especially for young children. Principals will take this into consideration when planning a trip.
3. There must be a ratio of one chaperone per ten students for grades 6-12. Exceptions to the student-teacher ratio for campus organized trips would be one chaperone per twenty students for indoor theaters, movie theaters, and concert halls. Additional chaperones must be approved first by the principal.
4. For any overnight trip, there must be at least one adult for each ten students.
5. When both male and female students participate in a school-sponsored overnight trip, they will be accompanied by at least one male and one female sponsor, when possible.
6. Sponsors and chaperones should provide personal information, in case of emergency, to the school office associated with the student travel. [Exhibits G and H]
7. Sponsors and chaperones must keep the signed SBISD Parent Permission and Release of Liability for Students Participating in School-sponsored Study Trips [Exhibits C and D] and Medical Authorization Form for Trips [Exhibits E and F] with them at all times.
8. The expenses of the approved chaperones and bus drivers for school-sponsored trips must be incorporated into the trip budget. Bus drivers are not considered chaperones. Chaperones will be recruited at the earliest possible date and may be required to participate in the fund-raising activities of the student group to offset their expenses. Expense reimbursement must comply with DEE (LOCAL).
9. School sponsored travel on SBISD buses is limited to participants, sponsors and chaperones. This includes children who are not members of the participating organization.
12. Sponsors and chaperones will have the student discipline guidelines with them at all times. This ensures consistency with rules and discipline. Specific school rules will need to be provided to each chaperone to use as a reference.
13. The sponsors and chaperones are responsible for discipline on the entire trip, including bus travel.
14. Chaperones will make periodic head counts of the children, as well as meet at certain designated times with the large group.
15. Students must have identification information in their possession at all times. Chaperones of elementary students must make sure that every student has an I.D. badge or sticker on at all times with the child's name, school name, and school phone number. Chaperones and sponsors are representing SBISD as

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- role models for the students and are on duty for the duration of the trip.
16. The teacher, sponsor, or designees should handle and dispense all medications. The SBISD Health Services Medication Administration Record [Exhibit I] should always accompany medications from the school nurse.

CHAPERONE
APPROVAL

At least three weeks prior to trip, a person who is not a district employee and is planning to be a chaperone, must submit a completed Volunteer Form to the school office. A person shall not serve as a chaperone/volunteer for any school trip unless he/she has been approved by the District.

STUDENT CONDUCT

District and school regulations regarding student dress and conduct should be followed on each trip. Please refer to the Parent /Student Handbook. Failure to follow the Code of Conduct during a trip, may result in the student being sent home immediately at the parents expense.

ORDERING TRIP
BUSES

Sponsors and Administrators should follow guidelines available on the Transportation web page
<https://internal.springbranchisd.com/admin/transport/bus1.htm>.

CHARTER BUS
INFORMATION

Charter buses that are not used as part of an approved travel agency package will be handled by the Transportation Department. [See Transportation website
<https://internal.springbranchisd.com/admin/transport/bus1.htm>]

COMMUNITY-BASED
INSTRUCTION

Community-based instruction offers many opportunities for students in Special Education to learn skills necessary for participation in their community. It is with this philosophy that Spring Branch ISD is committed to providing a comprehensive Community-Based Instruction (CBI) program to all students with moderate to severe disabilities who reside in the District's boundaries.

Procedures for CBI trips should follow the Special Education guidelines. Extra Curricular Trip Request information is available on the Transportation web page
<https://internal.springbranchisd.com/admin/transport/bus1.htm>.

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(EXHIBIT A)

**Spring Branch Independent School District
TRIP REQUEST
(NOT OVERNIGHT)**

Complete and submit form to the principal one month prior to the event for approval.

Date of Request: _____

Group/Grade Level(s)/Department: _____

In-State Destination Out-of-State Destination

Destination: _____

Destination Address: _____

Date of Trip: _____

Departure time: _____ a.m. or p.m. (circle one)

Return time: _____ a.m. or p.m. (circle one)

Number of Students _____

Educational Rationale/Activities/TEKS connection: _____

- Chaperone expenses are included
- Chaperone volunteer forms complete
- Substitutes needed

Funding Source:

Special Provisions:

Transportation Request Attached: Air Bus Car/ 9 Passenger Van Charter Bus Sharing

Submitted by teacher/sponsor: _____

Approved Not Approved

Principal's signature: _____ Date: _____

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(EXHIBIT B)

**Spring Branch Independent School District
TRIP REQUEST**

OVERNIGHT

Send completed form and attachments two (2) months prior to the event to the Executive Director of Secondary Administrative Services for approval.

School _____ Date Submitted _____

Date(s) of Field Trip: _____ Departure Time: _____ Return Time: _____

Group Making Request: _____

Destination: _____

Explain the nature of the trip or the kind of experience the students will receive:

PREVIOUS TRIPS TAKEN BY GROUP (past four years)

YEAR	DESTINATION	PURPOSE	EXPENDITURES

FINANCIAL CONSIDERATIONS

FUNDING SOURCE			COST		
Description	Amount	Actual	Description	Amount	Actual
Trip Fund			Registration or Membership Fees Includes bus deposit		
Balance from Previous Year			Transportation		
			Lodging		
			Food		
Budget to be charged:			Miscellaneous Fees		
Direct Contribution from Parents:			TOTAL		
TOTAL			Cost Per Student		

School District Requirements:

- Official invitation attached (if applicable)
- Parent Permission/ and Release of Liability will be signed and submitted to the building principal no later than two (2) weeks prior to the trip
- Itinerary attached
- Bond/Liability attached
- Sponsor has read School Board Policy (FMG) pertaining to trips and has agreed to comply with all terms
- Chaperone expenses are included
- Chaperone volunteer forms complete
- Information regarding closest medical facility to location of event attached

Transportation Request Attached: Air Bus Car/9 Passenger Van Charter Bus Sharing

Number of students on trip: Boy(s): _____ Girl(s): _____ Number of Chaperones _____

_____/_____
Sponsor Date Program Director Date

Approved _____ Not Approved _____ / _____
Principal Date

Approved by, Superintendent or designee for Overnight Trip: _____

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(EXHIBIT C)

Teacher Name

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
955 Campbell Road, Houston, Texas 77024

*SBISD Parent Permission and Release of Liability for
Students Participating in Trips*

_____, a student at _____ School,
Name School
has my permission to travel via school-arranged transportation to _____
Location
on _____, departing at _____ and returning at _____
Date
to participate in _____
Activity

I understand that students on trips are subject to school rules, including the Student/Parent Handbook, SBISD Discipline Management Plan and Student Code of Conduct, concerning dress and conduct, and that failure to abide by these regulations may result in disciplinary action. **Failure to follow these regulations may result in a student being sent home immediately at the parents' expense.**

I hereby release the Spring Branch Independent School District (SBISD) and all its supervisors, employees, volunteers and/or representatives from any and all liability and/or claims and/or cause of actions individually or collectively, for any damages or injuries which might be received during class activity, on trips or in traveling to and from such trip destinations, except for those which SBISD, its supervisors, employees, volunteers, and/or representatives have effective insurance coverage but only to the extent of such insurance coverage. Provided, however, SBISD, its supervisors, employees, volunteers, and/or representatives do not waive their immunities from liability and/or suit.

In order to participate in this trip, each student must have written permission from the parent/guardian.

Please sign below to grant permission for your child to go on this trip.

Signature of Parent/Guardian Date

Special health or dietary needs: _____

In case of emergency, please contact:

Parent/Guardian Name (printed) Phone Number

Name (printed) Phone Number

The teacher or sponsor will attach the most current *Medical Authorization Form for Trips* to this document. (Parents: please keep this information updated.)

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(EXHIBIT D)

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
955 Campbell Road, Houston, TX 77024

**Permiso del Padre/Madre y Liberación de Responsabilidad Sobre
Estudiantes Participando en Viajes**

_____, estudiante de la Escuela _____
Nombre Plantel Educativo

tiene mi permiso para viajar en el medio de transporte proporcionado por la escuela a _____
Locación

en _____, saliendo a las _____ y regresando a las _____
Fecha

paraa paticipar en _____
Actividad

Entiendo que los estudiantes que participan en viajes están sujetos a las reglas de la escuela, incluyendo el Libreto Para el Estudiante/Padre, el Plan de Manejo de Disciplina y el Código de Conducta de SBISD, en lo que se relaciona a vestido y conducta, y que la falta de obedecer estas regulaciones puede resultar en acción disciplinaria.

La falta de cumplimiento de estas regulaciones resultará en el envío inmediato del estudiante a su casa, con el costo a cargo de los padres.

Por medio de este documento libero al Distrito Escolar Independiente Spring Branh (SBISD) y a todos sus supervisors, empleados, voluntarios y/o representantes de toda responsabilidad y/o de cualquier obligación y/o causa de acción individual o colectiva, por cualquier daño o lesión que puedan ser recibidos durante una actividad de la clase, en viajes o en el viaje hacia y de regreso a esos viajes, excepto por los cuales SBISD, sus supervisores, empleados, voluntarios y/o representantes tienen seguro efectivo pero solo a la extensión de dicho seguro. Provisto, sin embargo, SBISD, sus supervisores, empleados, voluntarios y/o representantes no renuncien a su inmunidad por responsabilidad y/o juicio.

En orden de participar en este viaje, cada estudiante debe tener permiso por escrito del padre/guardian.

Por favor firme en la linea siguiente para dar permiso a su niño(a) para participar en este viaje.

Por favor devuelva la forma completa al(a) maestro(a) de su niño(a) antes de _____
Fecha

Firma del Padre/Guardian Fecha

Necesidades especiales de salud o de dieta: _____

En caso de emergencia, por favor lláme:

Nombre del Padre/Guradian (en imprenta) Número de Teléfono

Nombre (en imprenta) Número de Teléfono

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(EXHIBIT E)

Spring Branch Independent School District

Medical Authorization Form for Trips

This section is to be completed by Trip Sponsor:

This document shall be presented to appropriate personnel at such time as emergency medical, dental, surgical care, or hospitalization may be required.

Closest medical facility to event: _____
Address: _____ Phone: _____

I/We, being the parent(s) or legal guardian(s) of _____, a minor, do hereby appoint an agent of SBISD from _____ School to act in my/our behalf in authorizing _____ Campus emergency medical, dental, or surgical care and hospitalization for the above named minor during a period of my absence. This authorization is given with my/our understanding that attempts will be made to contact me/us prior to the administration of treatment for any non-life-threatening situation/condition utilizing the contact information that I/we have provided.

Signature Parent/Guardian

Date

Address

City/State/Zip Code

Home Phone

Daytime Phone
(where you can be reached during the trip)

Hospitalization Coverage for the Above Named Minor:

Name of Insurance Company or Government Center

Identification or Group Number

Family Physician Name

Family Physician Phone Number

Insurance Waiver Statement: (complete this section if you do not have insurance)

Where no proof of insurance is established, it is understood that the parents of the student must assume legal responsibilities for expenses incurred for injuries to students that occur during co-curricular activities. I have read and understand the above.

Signature Parent/Guardian

Date

Student's Name

Teacher

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(EXHIBIT F)

**Spring Branch Independent School District
Autorización Médica para Viajes**

Esta sección tendrá que ser completa por un representante del viaje:

Este documento será presentado al personal apropiado en caso de intervención debida a una emergencia médica, dental, quirúrgica o de hospitalización que sea requerida.

El centro medico mas cercano: _____
Dirección: _____ Telefono: _____

Yo/Nosotros, los padres o guardianes legales de _____, menor de edad, designamos a un agente de SBISD de la Escuela _____ para actuar en nuestro

Plantel Educativo

nombre y autorizar intervención médica, dental o quirúrgica y hospitalización para el bienestar del niño(a) mencionado anteriormente durante el período de mi ausencia. Esta autorización es dada con mi/nuestro entendimiento de que tratarán de localizarme/localizarnos antes de que se administre un tratamiento para cualquier situación donde no haya riesgo de vida o muerte, utilizando la información que yo/nosotros hemos proporcionado.

Firma del Padre/Guardian

Fecha

Dirección

Ciudad, Estado/Código Postal

Teléfono de la Casa

Teléfono Durante el Día
(donde usted puede ser localizado durante el viaje)

Información de seguro médico del estudiante mencionado:

Nombre de la Compañía de Seguros
o Entidad Gubernamental

Identificación o Número de Grupo

Nombre del Médico de la Familia

Número de Teléfono del Médico de la Familia

Aclaración de Falta de Seguro Médico: 8(complete esta forma si usted no tiene seguro médico)

Cuando no se ha establecido prueba de seguro, se entiende que los padres del estudiante deben asumir responsabilidad legal por los gastos incurridos por accidentes que puedan ocurrir a los estudiantes durante las actividades co-curriculares. He leído y entiendo lo anterior.

Firma del Padre/Guardian

Fecha

Nombre del Estudiante

Maestro(a)

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(EXHIBIT G)

Spring Branch Independent School District
CHAPERONE-SPONSOR EMERGENCY INFORMATION

Please print or type ONLY

Name of Sponsor		Organization/Club	
Home Address	City	State	Zip
Date of Birth: _____			

Please list persons who can act on your behalf in case of an emergency.

Name	City	State
	()	
Relationship to Sponsor	Phone	
Name	City	State
	()	
Relationship to Sponsor	Phone	
Name	City	State
	()	
Relationship to Sponsor	Phone	

Hospitalization Coverage for the Above Named Chaperone - Sponsor:

Name of Insurance Company or Government Center	Identification or Group Number
Family Physician Name	Family Physician Phone Number

Insurance Waiver Statement: (complete this section if you do not have insurance)

Where no proof of insurance is established, it is understood that the chaperone – sponsor must assume legal responsibilities for expenses incurred for injuries that occur during trips. I have read and understand the above.

Signature Chaperone – Sponsor

Date

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(EXHIBIT H)

Spring Branch Independent School District
INFORMACIÓN de EMERGENCIA del CHAPERON-PATRONCINADOR

Por favor escriba en letra de imprenta UNICAMENTE

Nombre del Patrocinador		Organización/Club	
Dirección	Ciudad	Estado	Zip

Fecha de Nacimiento: _____

Por favor liste a las personas que pueden decidir por usted en caso de emergencia.

Nombre	Ciudad	Estado
Relación	()	Número de Teléfono
Nombre	Ciudad	Estado
Relación	()	Número de Teléfono
Nombre	Ciudad	Estado
Relación	()	Número de Teléfono

Información de seguro médico del Chaperon-Patroncinador:

Nombre de la Compañía de Seguros o Entidad Gubernamental	Identificación o Número de Grupo
Nombre del Médico de la Familia	Número de Teléfono del Médico de la Familia

Aclaración de Falta de Seguro Médico: (complete esta forma si usted no tiene seguro médico)

Cuando no se ha establecido prueba de seguro, se entiende que los chaperon-patroncinador deben asumir responsabilidad legal por los gastos incurridos por accidentes que puedan ocurrir durante viajes. He leído y entiendo lo anterior.

Firma del Chaperon - Patroncinador	Fecha
------------------------------------	-------

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(EXHIBIT I)

Spring Branch Independent School District
HEALTH SERVICES
Medication/Special Procedure Administration Record

Student's Name _____ Grade _____ Destination _____

School _____ Teacher _____ Trip/Activity Date _____

Copies in Trip Folder: Emergency Care Plan Clinic Emergency Card Procedure Protocol(s)

Important: The signatures below acknowledge release/acceptance of medication(s) listed for the student noted above.

_____ Signature: RN/NA Releasing Medication	_____ Date	_____ Time
_____ Signature: Trip Leader Accepting Medication	_____ Date	_____ Time
_____ Signature: Trip Leader Returning Medication	_____ Date	_____ Time
_____ Signature: RN/NA Noting Return of Medication	_____ Date	_____ Time

Medication Administration and Special Health Procedure Roster: *Important* – Unlicensed personnel must be trained by licensed health services staff according to district approved protocols before administering medications or performing special health care procedures. Dosage instructions for administering medication(s) must be taken from the Medication Administration Card packaged with each medication. Signatures are required below for each medication administered and procedure performed.

Medication _____	Time to be Given _____
Signature of Person Administering Medication _____	Date/Time _____
Medication _____	Time to be Given _____
Signature of Person Administering Medication _____	Date/Time _____
Medication _____	Time to be Given _____
Signature of Person Administering Medication _____	Date/Time _____
Procedure _____	Time _____ Frequency _____
Signature of Person Administering Medication/Procedure _____	Date/Time _____
Procedure _____	Time _____ Frequency _____
Signature of Person Administering Medication/Procedure _____	Date/Time _____
Medical Alert Notes/Special Instructions: _____	

Return to: Campus Health Services Staff