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# **ADMINISTRATIVE REGULATION**

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## **ADMINISTRATIVE REGULATION 6520C RESPONSIBILITY CONTRACT FOR FIELD/CO-CURRICULAR TRIPS**

It is a privilege for you to participate in the District-sponsored trip to \_\_\_\_\_  
\_\_\_\_\_ (location) for \_\_\_\_\_ (activity)  
on \_\_\_\_\_ (date). Specific event/itinerary information is provided by the trip coordinator. Participation in this trip may involve risks not found in activities at school. There will be time during the trip when students are not directly supervised. (Refer to the attached itinerary for detail.) Accordingly, the expectations of the trip are listed below along with the consequences for breaking the rules. Please read them carefully. By signing the bottom of the contract, the student agrees to abide by the rules and to accept the consequences if he or she chooses to break the rules. Parents, you are accepting significant financial responsibility if your child participates in a serious violation of the KUSD Code of Conduct, school rules, or this Responsibility Contract. Please read this document carefully. It is to be signed and in the hands of the school administration before a student will be allowed to go on a trip.

1. All school rules are in effect while on the field trip.
2. Possession and consumption of alcoholic beverages and tobacco products are prohibited. Prescribed and over-the-counter medication must be in the possession of and dispensed by school personnel. All other drugs are strictly prohibited.
3. Students must keep their assigned chaperone advised of their whereabouts at all times.
4. Students must attend all mandatory activities and meal functions.
5. Students must conduct themselves in such manner as to bring pride to the student, his or her family, school, and community.
6. Students must adhere to any established dress code.
7. Students must comply, throughout the trip, with any and all instructions directed to the student and/or the group by a chaperone or staff member.
8. Students may only ride in school vehicles or vehicles driven by the teacher, coach, or chaperone. Any exceptions must be pre-approved by the administrator.
9. Students are to conduct themselves in accordance with the rules and regulations outlined in the District policy manual and the student handbook. Any violation of these rules will result in appropriate disciplinary action.
10. Any illegal conduct, for example, vandalism, theft, possession of a fire arm, etc., is prohibited.
11. Students are responsible for their personal belongings and agree to permit inspection of personal belongings by school personnel or chaperones.
12. Students may not travel anywhere alone.

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13. Abusive language or conduct endangering the safety of trip participants is prohibited.
14. Whenever a student is in doubt about what to do, he/she is expected to seek advice from the chaperone or other adult member of the group.
15. Hitchhiking and the rental or driving of motorized vehicles is not allowed.
16. Students must sleep in their assigned place.
17. Students must adhere to all established curfews.
18. Students are to refrain from entering the hotel room of any person who is not part of the trip group and likewise students are to refrain from permitting any such person from entering the room of a trip participant.
19. Students must agree to permit the inspection of their luggage and carry-on bags.
20. Students must inform assigned chaperones of their plans and whereabouts in advance of independent time.

I have read, understand, and agree to abide by the Responsibility Contract for Field Trips.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I have read and understand the responsibility contract my child has signed above. I agree that my child must follow the requirements of this contract.

If a problem arises that is serious enough in nature to warrant the above-named student's removal from the travel group, I agree to bear any additional costs to return the student home. NOTE: This removal decision will be made by the accompanying professional staff member after a student has been provided the opportunity to respond to any allegations. The student may also be subjected to discipline upon returning home in accordance with general District policies. I also am aware that there are times during this trip that my child will not be directly supervised by a chaperone or teacher.

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

\_\_\_\_\_  
Date

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FIELD/CO-CURRICULAR TRIP \_\_\_\_\_

I grant permission for \_\_\_\_\_ (school and trip name)  
\_\_\_\_\_ (child's name) to participate in the field trip

to \_\_\_\_\_ (destination/location) on \_\_\_\_\_ (date)

Departure and return times will be approximately \_\_\_\_\_

Travel arrangements: \_\_\_\_\_

Trip cost: \_\_\_\_\_

Meal arrangements: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ may be reached at \_\_\_\_\_ (phone number)

during the hours of the field trip. An alternate responsible adult \_\_\_\_\_ (name)

may be reached at \_\_\_\_\_ (phone number) if the above listed parent/guardian is

not available to care for the student.

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

\_\_\_\_\_  
Date

If you have any questions/concerns, please feel free to contact me.

Sincerely,

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

(Refer to attached detailed event/itinerary information.)

# ADMINISTRATIVE REGULATION

HEALTH AND EMERGENCY INFORMATION FOR EXTENDED OVERNIGHT TRIP

FORM 6520B

Student's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

In the event we would not be able to contact you, please list two alternate names to call

Alternate \_\_\_\_\_ Phone Number \_\_\_\_\_  
Alternate \_\_\_\_\_ Phone Number \_\_\_\_\_

To assist the chaperones in providing careful supervision of the health and safety of your child, please advise of any needed attention. Advanced information makes it possible to take preventative measures. To the best of my knowledge \_\_\_\_\_ is in good health and free of any communicable disease or ailment.

Does your child have a problem with:

	Yes	No
1. Motion sickness (bus/airplane/boat)	_____	_____
2. Headaches	_____	_____
3. Sleep walking	_____	_____
4. Asthmatic attacks	_____	_____
5. Seizures or convulsions	_____	_____
6. Allergies	_____	_____
7. Other _____	_____	_____

If yes to allergies, what are the allergies? \_\_\_\_\_

If your child is on medication, what is the medication? \_\_\_\_\_

What is the schedule of the medication? \_\_\_\_\_

(If prescription medication is being taken, bring the medication in its prescription bottle)

*"I hereby authorize the teacher or person in charge of medication to give my child prescribed medication at the times indicated."*

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

*In the event of EMERGENCY CONDITIONS, the following procedures will be followed:*

1. Emergency first aid will be given by teacher, trip authority, or other qualified person
2. In case of serious injury/sickness:
  - a. The child will be transported to the nearest hospital for examination by a physician
  - b. Parent or guardian will be contacted

*"I hereby authorize the school to follow the emergency procedures listed above"*

\_\_\_\_\_  
Medical Insurance Carrier & Phone Number

\_\_\_\_\_  
Policy Number

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

STUDENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ ID# \_\_\_\_\_

**KUSD**  
**FIELD TRIP PERMISSION SLIP**

TEACHER(S): _____
FIELD TRIP LOCATION: _____
DAY/DATE: _____ TIME: _____
TRAVEL ARRANGEMENTS: _____
MEAL ARRANGEMENTS: _____
TRIP COST: _____
(Make checks payable to: _____)
ADDN INFO: _____
_____

I may be reached at the following phone numbers in case of illness or injury:

Parent/guardian (1) Home: _____ Work: _____ Cell: _____  Name: _____	Parent/guardian (2) Home: _____ Work: _____ Cell: _____  Name: _____	
<i>For Overnight Field Trips Only</i>		
Medical Insurance Carrier: _____	Policy #: _____	Phone# _____

In the event I/we cannot be reached, please contact the following responsible adult:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

My child has the following pertinent health concerns:

- No health problems       Seizures       Diabetes       Asthma
- Heart condition: \_\_\_\_\_       Severe allergy to: \_\_\_\_\_
- Motion sickness       Severe Migraines       Other: \_\_\_\_\_
- Difficulty walking-any special care needed: \_\_\_\_\_
- All medication needed to be administered during length of fieldtrip\*: \_\_\_\_\_:

**Note: \*A Medication Administration Form completed by doctor &/or parent must be completed for any medication to be given at school or on Fieldtrips.**  
Forms are available in School or Nurse's Office.

*I give permission for my son/daughter to participate in this field trip.  
In the event of serious illness or accident, I give permission for my child to be sent by rescue squad to the emergency room. I understand that I as parent/guardian am responsible for the cost of the service rendered.*

X \_\_\_\_\_ DATE: \_\_\_\_\_  
                                  Parent/guardian signature

\*As parent/guardian, I have completed this form accurately to the best of my knowledge.

**KENOSHA UNIFIED SCHOOL DISTRICT NO. 1  
MEDICATION AUTHORIZATION FORM**

**SCHOOL NAME:** Prairie Lane Elementary      **PHONE:** 262-359-3600      **FAX:** 262-359-3650

**ONE MEDICATION PER FORM**

**Prescription Medication:** Health Care Provider to complete. Health Care Provider signature required.  
Parent/Guardian signature required. Pharmacy label must match order below.

**Non-Prescription Medication:** Parent/Guardian to complete. Parent/Guardian signature required.

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Medication to be administered as directed.  
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Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Route: \_\_\_\_\_  
Time(s) Administered: \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_  
Student may carry medication (Epinephrine/Rescue Inhaler only) for Emergency purposes: \_\_\_\_ Yes \_\_\_\_ No  
Additional directions/symptoms: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Health Care Provider Name: (Please Print): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**NOTE:** Parent/Guardian signature permits designated school staff to dispense medication to the above student and to contact the health care provider at any time with questions or concerns related to this student's medical condition and medication.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian Name: (Please Print): \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_

**CRITERIA FOR DISPENSING MEDICATION**

1. **Authorization:** Students requiring medication at school, including herbal and vitamin supplements, shall provide a completed "Medication Authorization Form". Prescription medications require a signature from **both** a health care provider and parent/guardian. Non-prescription medications require the parent/guardian signature. The parents must notify the school when the drug is discontinued or for any changes. An updated medication authorization form is required for all changes in medication, dosage or administration time. All medication authorization forms must be renewed annually. All unclaimed medication at the end of the school year will be disposed of per policy.
  2. **Container:** All medication must be supplied in the original container. Prescription medications require the pharmacy label. Non-prescription medication must be in the original container with the directions on the container including student name. All medication shall be kept in a locked cabinet.
- Delivery to School:** It is the responsibility of the parent/guardian to provide and deliver to the school all authorized medication and replace expired medication.