West Windsor Plainsboro Regional School District
Overnight Field Trip Packet

This packet contains all procedures to follow and all forms to be completed for overnight field trips. Please be sure you complete and check all items necessary. Pay particular attention to those forms with deadlines.

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>Check</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Familiarize yourself with the “Overnight Field Trip Policies &amp; Procedures” found in this packet (p. 2-5).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Overnight Field Trip Request Form - must be submitted to the assistant principal from July 1 – August 15 of the preceding school year (p. 6).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transportation Request Form - to be filled out for school chartered bus transportation. Paperwork should be filed immediately after approval of the trip (p. 7).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arrange for a parent meeting - if your trip itinerary is extensive, it is recommended that you arrange for a parent meeting. Space for this meeting must be booked at least one month prior to the meeting.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parent Information – Provide parents with information packet (forms, cost, transportation, and other relevant information) at least one month in advance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Student Permission Packet (p. 11-17) - must be filled out by students/parents in its entirety including: Field Trip Permission Form; Overnight Student Behavior Contract; Overnight Medical Form (Prescription Form for Administration of Medication and Parent Permission for Administration of Medication, if applicable); and, if necessary, Permission to Ride Form.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arrange for luggage check the night before or morning of departure. Luggage check set-up (tables requested and luggage storage room) must be booked at least two weeks prior (for luggage check procedures see p. 5).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agreement to Transport Students in Private Vehicle (if necessary) - if staff members or parent/guardians will be providing transportation for students, they must complete this paperwork and provide the necessary documentation. This should be completed at least two weeks prior to the trip (p. 8).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parent/Guardian Volunteer Form (if necessary) - if a parent is accompanying students without a faculty member, the parent chaperone must fill out this form (p. 9).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Collection &amp; Recording of Monies - please read and follow the directions on the “Finance Procedures for Student Activities” page (p. 10). *All check requests needed for field trip must be made at least two days in advance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Submit medical forms to school nurse a minimum of three weeks in advance. Certain field trips may require even more advance notice.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email list of attendees to school (i.e. “All HSS”) at least one week in advance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Send updated list of changes or absences on day of departure to attendance secretary.</td>
</tr>
</tbody>
</table>
CHAPERONES

Faculty Chaperones:
All overnight trips must have at least two chaperones, preferably one of each gender.

Parent Chaperones:
Parent chaperones may be used in conjunction with, but not in lieu of, WWPRSD faculty/staff. When students attend conferences under the WWPRSD name, a faculty or staff member must attend as a chaperone or coach. There should be no expectation that the cost of the parent chaperone will be covered by the school district. When a faculty or staff member does not attend, the event is not school-sanctioned, and the WWPRSD assumes no liability.

Parent chaperones will only be used when travel is within the continental United States. Bringing parent chaperones is at the discretion of the principal or designee depending upon the size of the group, length of stay, mode of transportation, physical activity, etc. Parents are not permitted to chaperone trips outside the continental United States. Parents are not permitted to “tour” with a group, but are permitted to attend on their own, at their own expense.

In the event that parent chaperones are necessary, the parent should access the “Volunteer Information Packet” located on the district webpage under “Want to Volunteer?” The parent must sign the “Volunteer Certification Form”. Also, under certain circumstances, the parent may be required to submit to fingerprinting.

Volunteers shall receive no financial remuneration from the Board. School volunteers on any overnight trip may be required to have a criminal background check and be fingerprinted at District’s expense, sign a waiver for workers compensation and provide documentation that a Mantoux test has been administered.

Parents, additionally, should become familiar with Board Policy #9180 (District Volunteer Policy). Staff members should review the “Rules of Conduct for Volunteers” as stated below:

1. A volunteer may serve only under the direction and supervision of a teaching staff member.
2. A volunteer should perform no duties other than those expressly assigned him/her.
3. A volunteer must respect the individuality, dignity, and worth of each pupil. A volunteer must never punish or rebuke a pupil.
4. A volunteer must not seek access to records about an individual pupil. A volunteer must respect the confidentiality of any information gained about an individual pupil, by whatever means.
5. A volunteer who imparts information to pupils must be mindful of the age, maturity, and sensibility of those pupils and exercise proper care and discretion accordingly.

If a parent is transporting students, he/she must submit a current NJ driver’s license and proof of insurance, and sign the “Agreement to Transport Students.” Students riding with the parent volunteer must complete the “Permission to Ride” form.
FINANCIAL INFORMATION

Trip Cancellation Policy:
Parents should recognize and acknowledge that the West Windsor-Plainsboro Regional School District Board of Education retains sole discretion to determine whether to cancel a field trip. In the event the Board of Education determines that it is in the best interests and safety of students and staff to cancel the trip, parents shall hold the Board of Education, its past, present, and future members or employees, harmless for (1) any costs or expenses related to or arising from a cancellation of the trip, including but not limited to any prepayments for airfare, lodging, or other expenses associated with their child’s participation on the trip that are not refunded and (2) any claims made by any other party related to any financial obligation associated with the trip.

Refunds:
Signing up for a trip indicates that the student is obligated to fulfill his/her monetary commitment; therefore, there is no expectation of a refund for issues including disciplinary action, medical illness or other similar occurrences. All situations will be reviewed on an individual basis. In the case of a student cancellation for reasons other than those listed above, students are encouraged to see the faculty advisor to request a wait list replacement; however, this does not guarantee a refund. The amount of the refund is per the trip cancellation policy. Students and parents should review the cancellation policy for their particular trip before signing the permission form. Parents are encouraged to purchase trip insurance.

Collecting Funds:
Faculty members who are responsible for organizing trips will keep accurate records of funds including, but not limited to: names, forms submitted, payment amounts (including check numbers) and where necessary, photocopies of checks. Checks or money orders are acceptable forms of payment. No cash will be accepted as payment (see p. 10 for full list of procedures). Under no circumstances should students handle money.

Financial Assistance:
Students requesting financial assistance should be referred to their assistant principal. In order to receive financial assistance, parents and students must complete the “Application for Financial Assistance” form. In order to qualify, students must be on free or reduced lunch. Under extenuating circumstances, students who are not on free or reduced lunch may qualify for a payment plan. This is determined on an individual basis. Students may only be approved for financial assistance by an administrator.

TRANSPORTATION

Arrangements To & From:
The district understands that there is a delicate balance between ensuring students’ safety during transportation and keeping trips affordable. Transportation arrangements will be made in consultation with a building administrator.

School Chartered Transportation is preferable and should be used for medium to large sized groups. With this in mind, the following forms of transportation may also be considered:

- Public Transportation: For groups complying with a 15:1 student to teacher ratio, public transportation (train, subway, public bus) may be considered.
- Parent Transportation: When the advisor deems it necessary, parents may transport students to events. When parents are transporting students, the driver must submit the parent forms outlined above under “Parent Chaperones.” (p. 2). Students may only be transported by a parent or guardian when the “Permission to Ride Form” is submitted to the advisor in advance of the trip.
● Student Transportation: Under certain circumstances students may be granted permission to drive to an event. A “Permission to Ride Form” must be submitted to the advisor.
● Privately Charter Transportation

Transportation While at the Activity:
Students should follow the directions of the faculty advisor regarding transportation at the event. Students may be required to walk to and from venues during trips. They must not walk alone and should be vigilant and aware of their surroundings.

MEDICAL CONCERNS

In order to attend an overnight trip, parents must complete the “Medical/Emergency Information for Overnight School Trips” form. Parents are expected to maintain updated medical records in the nurse’s office.

OVERNIGHT FIELD TRIP GUIDELINES FOR TEACHERS/CHAPERONES

Administrative Field Trip Procedures - Getting Started

✓ Submit field trip requests/proposals July 1 – August 15 for the upcoming school year to the assistant principal.
✓ All overnight field trips must be approved by the Board of Education. Be sure to use the proper form that will be submitted to the board curriculum committee.
✓ If any changes are made to the club’s trip date, notify the assistant principal.
✓ Utilize the “Overnight Field Trip Packet” as a checklist to help plan and organize the trip.

1. A parent meeting should be held within two weeks prior to departure and luggage check. Items to be addressed at parent information meeting include, but are not limited to:
   a. A review of the itinerary
   b. Hotel Information
   c. Transportation Information
   d. Medical information
      ● Every student and parent/guardian must complete and sign the “Medical/Emergency Information” form.
      ● “Prescription Form for Administration of Medication” must be completed by the student’s physician for any medication the student needs to take while on trip.
      ● All medical/prescription forms must be completed and submitted to the health office a minimum of three weeks prior to the trip departure date.
      ● Student may not carry their own medication on the trip (unless it is an inhaler, EpiPen, birth control or insulin). ALL medications (including over the counter and prescription) MUST be administered by the nurse.
   e. Introduction of chaperones.
   f. Behavior Guidelines

2. All baggage must be checked by chaperones the night before or the day of the trip, depending on the travel arrangements. Luggage is to be stored in a secure place, and students may not gain access to their luggage until they board the bus.

3. All carry-on luggage must be checked prior to boarding the bus.
4. A list of students attending the trip must be emailed to the school one week prior to departure (i.e. “All HSS”). Send an updated list of changes or absences on day of departure to the attendance secretary.

5. A copy of the following must be given to the main office at least one week prior to departure:
   - Chaperones Attending and their Contact Information
   - Bus List/Room Assignments
   - List of Students Attending
   - Detailed Itinerary

6. During the Trip:
   - All students are expected to follow the guidelines as outlined in the behavior contract.
   - Any incident of concern or any behavior that violates the behavior guidelines must be reported to an administrator.
   - An administrator must be notified immediately if a student is suspected of being under the influence of alcohol and/or drugs.
   - Any student suspected of being under the influence of any substance must be taken to the hospital immediately for testing. Please refer to the student Behavior Contract for additional information.
   - Parents must be notified when a student is taken to the hospital.
   - Parents must be notified if a student is involved with the police for any type of infraction.
   - All medication including all over the counter medication (Tylenol, Advil, Zyrtec, etc.) must be administered by the nurse. The exceptions include inhalers, EpiPens, insulin and birth control.
   - All medication must be provided to the nurse prior to the trip and must be in original container.

7. Luggage Check:
   - Space for luggage check must be reserved and maintenance notified of the set-up arrangements (number of tables and/or chairs) at least two weeks prior to the event.
   - Check with an administrator to determine if one should be present.
   - All students’ luggage must be checked by faculty chaperone(s) or under the supervision of faculty chaperone(s) prior to departure. Depending on the timeline of the trip, luggage check may take place the evening before departure (in this case, students’ luggage must be stowed at the school overnight) or the morning of departure. Please use the following guidelines:
     - Things to look for:
       - Check all bottles for alcohol/drugs (open caps and smell).
       - Food and water must be sealed. Any open containers should be confiscated.
       - Any unauthorized medication (see above or exceptions) must be confiscated.
       - Cigarettes and lighters must be confiscated.
       - Any weapon/weapon look-a-like must be confiscated.

8. Carry-on Items for plane travel:
   Prior to departure, teachers are encouraged to check the TSA website for up-to-date information regarding carry-ons. Any relevant travel information should be communicated to traveling students.
WEST WINDSOR PLAINSBORO REGIONAL SCHOOL DISTRICT
OVERNIGHT FIELD TRIP REQUEST FORM

Group: _______________________________  # of Members in Group: _____________________

Destination: ___________________________  Approximate Cost (per student): __________

Departure Date: _______________________  Departure Time: _________________________

Return Date: _________________________  Return Time: _____________________________

Advisor’s Name: ________________________________________________________________

Address of Destination:
_____________________________________________________________________________

Description of Activities to be included in trip:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Educational Purpose of the Trip: (If the proposed trip is outside the state of New Jersey, explain why your objectives cannot be met locally)
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Number of Students: ___________________  Number of Faculty Chaperones: ______________

Number of Parent Chaperones: ______________

Forms of Transportation:

_____ Public Transportation (for groups under 15:1 Faculty to Student Ratio)
  If so, what type: ____________________________

_____ Staff Member/Volunteer Transportation
  If so, please note that staff member or parent/guardian volunteer must complete the
  “Agreement to Transport Students in Private Vehicle” form.

_____ School Chartered Transportation (ex: school or charter bus)

_____ Travel by Air

_____ Private Chartered Transportation

Other Planned Stops (if any): _______________________________________________________

Arrangements for Meals: _________________________________________________________
Transportation Field Trip Request Form

West Windsor-Plainsboro Regional School District

1. Request must be received by the Transportation Office fifteen (15) working days prior to the trip.
2. For weekday district trips, a minimum of two (2) hours must be given for cancellations or you will be charged. Cancellation procedures vary for contracted trips. Call the Transportation Office to find out about the contractor for your trip.
3. All trip communications must be made through the Transportation Office and your field trip secretary. Changes must be made in writing to both.
4. Drivers will not make additional stops unless noted on this Request Form.
5. A separate form must be filled out for each trip date and for wheelchair buses.
6. Send the original form to the Transportation Office.
7. Following approval, the Transportation Office will return a confirmation.

<table>
<thead>
<tr>
<th>Teacher Name:</th>
<th>Contact Phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School/Building departing from:</td>
<td>Department:</td>
</tr>
</tbody>
</table>

Destination:

Address of Destination:

____________________________________
____________________________________
____________________________________

Additional Stops? YES | NO
IF yes provide stops:

<table>
<thead>
<tr>
<th>Day:</th>
<th>Date: (fill out separate form for each date)</th>
<th>Departure Time from School:</th>
<th>Pick-up Time from Destination:</th>
<th>Return time to School:</th>
</tr>
</thead>
</table>

Number of: (must be completed)

- Students
- Teachers
- Chaperones
- Other (Nurses, etc.)

Total Seat Required _______

Number of: (must be completed)

- 54 Passenger School Buses
- 56/47/36 Passenger Coaches with lavatories
- 16 Passenger Vans (not handicap) if available
- 1 Wheelchair Bus with 6-8 walk-ons, depending on bus availability

Charge to Code:

Before sending this form to the Transportation Department, please have Teacher, Supervisor, and Principal sign below. Upon receipt, a copy will be given to the Transportation Coordinator and sent to the Board Office for approval. If you do not receive a confirmation after 3-4 weeks, please call the Transportation Department.

If your trip is contracted, you will see the contractor's name in the center of your confirmation. Although we do fax confirmations to contractors, we recommend that you call the contractor a week before your trip to reconfirm. Have your confirmation with your trip number ready when you call.

I have read and will comply with the attached regulations regarding field trip procedures.

Teacher’s Signature: __________________________ Date: ___________
Supervisor’s Approval: __________________________ Date: ___________
Assistant Principal’s Approval: _______________________ Date: ___________
Principal’s Approval: ___________________________ Date: ___________

(Must be signed by Principal or it will not be accepted!)

(This section to be completed by the Transportation Office)

Date Received by Transportation Office: __________________________

7
WEST WINDSOR-PLAINSBORO REGIONAL SCHOOL DISTRICT
AGREEMENT TO TRANSPORT STUDENTS IN PRIVATE VEHICLES

This document must be signed by a staff member and/or a parent/guardian who has volunteered to transport student(s) to and/or from a school related activity.

I acknowledge that I have received and reviewed the West Windsor Plainsboro Regional School District Board Policy 8660 and agree to comply with the terms of this policy.

I certify that I am in compliance with the qualifications for a volunteer driver as set forth in Policy 8660 and have provided copies of 1) a valid driver’s license and 2) proof of insurance required by the state in which my license is issued. As per the policy, I understand that my driving record for the last two years will be reviewed confidentially prior to my receiving permission to transport student(s).

_____________________________________________   ____________________
(Signature of Driver)        (Date)

_____________________________________________   ____________________
(Signature of Administrator)       (Date)

WEST WINDSOR-PLAINSBORO REGIONAL SCHOOL DISTRICT BOARD POLICY # 8660

Student transportation to and from school related student activities normally will be provided in Board owned vehicles and by Board employees who are licensed bus drivers. However, volunteers may transport students to and from school related student activities in unusual circumstances or when a group is too small in number to make economical use of Type I or Type II (school bus or van) vehicles.

Volunteer drivers must be school district employees or parents/guardians who are willing to provide transportation to and from school related activities. Qualifications for volunteer drivers shall include:

1. A valid driver’s license with no convictions for moving violations during the last two years.
2. A private passenger vehicle of eight or fewer capacity with a current inspection sticker.
3. Statutorily required insurance of at least the minimum coverage.

The Superintendent, or in an emergency, the building principal, must give advance approval to the activity and to the volunteer driver. To be approved, drivers must provide evidence of compliance with the qualifications listed above.

Other factors to be considered are:
- Students will be picked up and/or dropped off in a safe area.
- Adequate supervision will be provided to ensure safety.
- Parents/guardians will be notified in advance that a volunteer driver will be providing transportation and must give written approval.

In the event of an accident in which a student is riding in a volunteer's private passenger automobile, the first respondent would be the student's parent/guardian's automobile insurance carrier. The New Jersey No Fault Law provides unlimited medical expenses, and further provides that these expenses will be paid by the parent/guardian's automobile insurer regardless of the ownership of the vehicle in which a student is injured and regardless of fault. If the parents do not have automobile insurance or if litigation results, then the insurer or the owner of the car involved in the accident will respond first. The Board of Education's insurance coverage will be in effect when claims are larger than the insurance carried by the owner of the vehicle. Expenses incurred by School Board personnel as a result of injuries suffered while operating private passenger vehicles on school business will be covered by workers' compensation benefits.

WEST WINDSOR PLAINSBORO REGIONAL SCHOOL DISTRICT
PARENT/GUARDIAN VOLUNTEER FORM

The West Windsor-Plainsboro Regional School District Board of Education appreciates your interest in serving as a volunteer in the school district. Your contributions enhance the educational experience of our children. It is essential for the West Windsor-Plainsboro Regional School District to take necessary safeguards to protect the safety and well-being of students. The West Windsor-Plainsboro Regional School District is implementing this new process for individuals who volunteer in a classroom or school for longer than four weeks or on any overnight trip. This precaution is important for the safety and security of our students and staff, and allows the school district to monitor volunteer activities.

This form does not apply to volunteer athletic coaches, who must submit the requirement application and undergo the criminal history record check administered on behalf of the State of New Jersey. Coaching volunteers cannot begin service unless and until they are recommended by the Athletic Director, Superintendent of Schools, received clearance through the criminal background, and are approved by the Board of Education. In order to serve as a volunteer in a classroom or school for more than four weeks or on any overnight trip, you must complete and submit this form to the school principal. The principal will forward the form to the director of Human Resources. Please note that your volunteer service may not begin until this form is submitted to the principal. Inability or failure to submit the required certification regarding criminal history will render you ineligible to serve as a volunteer in the West Windsor-Plainsboro Regional School District.

-----------------------------------------------------------------------------------------

VOLUNTEER CERTIFICATION FORM

I certify that I have not been convicted of any crime. In addition, I agree that I shall file a report with the Superintendent of Schools if I am arrested or indicted for any crime or offense to the Superintendent within 14 calendar days. The report shall include the date of the arrest or indictment and charges lodged against the volunteer. The disposition of the charges also must be reported to the superintendent within 7 calendar days of the disposition. I have received and read a copy of Board Policy 9180 and Regulation 9180, and acknowledge that I may be prohibited from serving as a volunteer if I violate any of the provisions of this policy or regulation.

I hereby certify that the foregoing statements are true.

Name __________________________________________________________________________

Address ________________________________________________________________________

Signature __________________________ Date ______________________________

Volunteer Assignment ______________________ Location __________________________
FINANCE PROCEDURES FOR STUDENT ACTIVITIES

INSTRUCTIONS FOR COLLECTING & RECORDING OF MONIES

1. Trip payments must be in the form of check or money order.
2. Records should be maintained indicating the payments made by students including the amount of payment and the date of payment.
3. Each check received should be documented. (Check number should be recorded and/or make copies of checks.)
4. Make deposit:
   ○ All deposits must be handed in with the Student Activity Fund Deposit form.
     ■ Form should be filled out in full.
     ■ Checks may be listed separately or you may just include the total amount of checks.
   ○ When depositing checks remove all staples.
   ○ If making a cash deposit either hand directly to the budget secretary or leave deposit with a main office secretary to be placed in the vault.

INSTRUCTION SHEET FOR CHECK REQUESTS

1. Each check request must be handed in with a completed Student Activity Voucher.

2. All check requests must be made at least two days prior to trip. Each check needs to be written by the Budget Secretary and signed by the principal the following morning.

3. No sales tax can be reimbursed. No exceptions. (NJ state law)

4. No payment for services to individuals can be made without getting the amount approved by the Budget Secretary in advance.

5. W-9 forms must be completed by individuals in order to receive payment. The W-9 form can be accessed at www.irs.com and should be provided to the budget secretary as soon as they are submitted.

6. All necessary forms are available in the budget secretary’s office and the main office.
OVERNIGHT FIELD TRIP
STUDENT PERMISSION PACKET

THIS PACKET MUST BE COMPLETED IN ITS ENTIRETY!

Please submit your completed packet to the teacher/advisor in charge of your trip.
WEST WINDSOR PLAINSBORO REGIONAL SCHOOL DISTRICT
FIELD TRIP PERMISSION FORM

Students will not be permitted to go on a field trip without a signed permission form.

Student Name ___________________________ Date: __________________
(Please Print Clearly)

The _________________________________________________________ is planning a field trip to
(Name of Club, Class or Activity)
___________________________________________________________ departing from school on
(Destination) ___________________ and returning to school on__________________________.
(Departing Date)                   (Returning Date)

Please refer to the trip itinerary for specific details and information regarding the trip.

Trip Cancellation Policy
World events have led to heightened concerns about the safety and security of travel. Hence, the West
Windsor-Plainsboro Regional School District Board of Education has approved this upcoming trip for your child
with the caveat that the Board of Education reserves the right to cancel the trip if it determines that cancellation
is in the best interests and safety of students and staff.

I hereby recognize and acknowledge that the West Windsor-Plainsboro Regional School District Board of
Education retains sole discretion to determine whether to cancel the trip. In the event the Board of Education
determines that it is in the best interests and safety of students and staff to cancel the trip, I/we shall hold the
Board of Education, its past, present, and future members or employees, harmless for (1) any costs or
expenses related to or arising from a cancellation of the trip, including but not limited to any prepayments for
airfare, lodging, or other expenses associated with my child’s participation on the trip that are not refunded and
(2) any claims made by any other party related to any financial obligation associated with the trip.

Photo Release
Students may be photographed by the organizers of various events (ex: Model United Nations, Junior
Statesmen). Photo release forms may be sent for parent approval in advance, when available. Students may
be asked to sign at the event on their own behalf.

Permission Slip
I hereby give permission for_________________________________ to attend the above trip. I have read
(Student’s First and Last Name)

and agree to all of the trip guidelines and understand the trip cancellation policy and photo release information.
(see above).

Parent/Guardian Signature: ___________________________ Date: __________________

PLEASE RETURN THE PERMISSION SLIP AND OTHER REQUIRED FORMS TO THE
TEACHER/ADVISOR WITH PAYMENT
WEST WINDSOR PLAINSBORO REGIONAL SCHOOL DISTRICT
OVERNIGHT FIELD TRIP BEHAVIOR CONTRACT

A student who violates rules or disregards the authority of supervisors on a field trip may significantly endanger the safety of others and may be summarily dismissed from the trip. Students on field trips remain under the supervision of the Board of Education and are subject to its rules and regulations.

1. Students are expected to adhere to the guidelines set forth in the student handbook. All school rules apply. Students may be sent home at any time, at their parents’ expense, if it is deemed necessary.

2. Students must follow the rules set forth by faculty at all times. Disregarding these rules may result in being sent home, at the parents’ expense.

3. Students may not use, or be under the influence of or in possession of an alcoholic beverage or illicit substance. If a student is suspected of being under the influence, a mandatory screening as described in Board of Education Policy and Regulation #5530 will occur. Refusal will be considered a under the influence. The student will be sent home at the parent’s expense and will subject to disciplinary action according to district policy and regulation #5530.

4. Students may not enter a bar and may not attempt to order a drink from a bar.

5. Smoking is not permitted as per board policy.

6. Students will be held responsible for any damage they cause at any time during the trip.

7. Once the destination is reached, students will not be permitted to leave the premises unless they receive permission to do so.

8. Students are expected to use appropriate language, exercise safety and use reasonable discretion at all times. They must be respectful and courteous at all times.

9. Due to the nature of overnight field trips, students may have unstructured time without the direct supervision of a chaperone. Limitations on unstructured time may be set by chaperones.

10. Luggage check will be scheduled prior to departure.

11. Regulations set forth by hotels, conference venues and attractions are to be followed as if they were set by the WWPRSD.

12. Students may be photographed by the organizers of various events (ex: Model United Nations, Junior Statesmen). Photo release forms may be sent for parent approval in advance, when available. Students may be asked to sign at the event on their own behalf.

Signing below indicates your understanding and acceptance of these rules and regulations.

Student Signature: ________________________________________ Date: ________________

Parent/Guardian Signature: ________________________________ Date: ________________
WEST WINDSOR-PLAINSBORO REGIONAL SCHOOL DISTRICT
Medical/Emergency Information for Overnight School Trips

Please complete the following information in order to assist your student with any health problem or emergency.

Name of Trip: ___________________________________________________________ Grade: ________________

Student’s Name: ______________________________________ M____ F_____ Date of Birth: _____/____/____
(Last) (First)

Student’s Cell Phone: __________________________________ Home Phone: ________________________________

Address: _______________________________________________________________________________________________

Parent/Guardian 1: Name: ___________________ Home Phone: ___________________ Cell: _________________________

Parent/Guardian 2: Name: ___________________ Home Phone: ___________________ Cell: _________________________

If unable to reach parent/guardian in case of emergency, contact:

Name: __________________________________________ Phone No.: __________________________

Medical Information:

Family Physician: __________________________________ Phone No.: __________________________

Insurance Company: ____________________________ Policy Number: ______________ Phone No.: __________________

1. Is the student presently under the care of a physician for any particular reason? Yes________ No________
   If yes, please explain.________________________________________________________________________________

2. Is there any medical limitation or condition that would affect your student on this trip? Yes________ No________
   If yes, please explain.________________________________________________________________________________

3. Does the student have any known allergies? Yes________ No________
   If yes, please explain.________________________________________________________________________________

4. Is there any medication, including over the counter medications that your student needs to take while on this trip?
   Yes________ No________
   If yes, what medication and for what reason?________________________________________________________________________________

If student needs to take medication while on this trip, please have the student’s physician complete the “Administration of Medication” forms so that the nurse can administer the student’s medication on a school sponsored overnight trip. Medication must be supplied in the original container and appropriately labeled.

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, the administrator in charge has my permission to obtain the services of a physician and/or hospital until I can be contacted.

Parent/Guardian Signature: ________________________________________ Date______________
PRESCRIPTION FORM FOR ADMINISTRATION OF MEDICATION

Student's Name: ____________________________ D.O.B.: ____________________ Grade: _____________

Diagnosis: _______________________________________________________________________________

Name of Medication: ________________________________________ Dosage: _______________________

Time and Circumstances of Administration: _____________________________________________________

Possible Side Effects: ______________________________________________________________________

Length of time the prescription is valid (Must be reviewed annually): ____________________________

When specific guidelines are followed, a student may self-administer medication. Self-administration of a prescribed medication is permitted only in exceptional circumstances when a life-threatening condition exists. For purposes of the Board policy a life-threatening illness is defined as "...an illness or condition that requires an immediate response to specific symptoms or sequelae that if left untreated may lead to potential loss of life such as, but not limited to, the use of an inhaler to treat asthmatic attack or the use of an adrenaline injection to treat a potential anaphylactic reaction."

When self-administration of medication is applicable for a life-threatening condition and in accordance with West Windsor-Plainsboro School District policy guidelines are as follows:

- **Grades K-3** - No student will be allowed to self-administer medication without the assistance of a nurse.
- **Grades 4-5** - A student will be allowed to use inhalers without nurse assistance on field trips only.
- **Grades 6-12** - A student may self-administer medication for life-threatening illnesses (EpiPen, inhaler and/or insulin)

__________________________ is capable and has been instructed in the proper method of self-administration of ________________________________ as directed.

When an auto-injector is prescribed, please provide the following information:

- Is there a documented history of anaphylaxis? Yes ________ No ________
- If yes, please provide the signs/symptoms of this child’s anaphylactic episode(s):

________________________________________________________

__________________________  ________________________ _______________________
SIGNATURE OF PHYSICIAN/DENTIST    DATE   PHONE

__________________________
PHYSICIAN/DENTIST NAME (PRINT/TYP/STAMP)

PARENT/GUARDIAN MUST ALSO COMPLETE THE PARENT PERMISSION FOR ADMINISTRATION OF MEDICATION FORM
WEST WINDSOR-PLAINSBORO REGIONAL SCHOOL DISTRICT
Parent Permission for Administration of Medication in School

Student's Name: ___________________________  DOB: ______________  Grade: ________

Administration of medication during school hours is not encouraged. However, if a physician determines that failure to take medication would jeopardize the health or school attendance of a student, the medication will be given by the school nurse. In so doing, the West Windsor-Plainsboro Board of Education and its employees shall incur no liability for any benefits or consequences occurring from the administration of the medicine.

I hereby request that the school nurse administer _________________________________ as directed by my physician. I will supply the medication in its original container and personally deliver it to the school nurse.

Medication Information /Adjustments
If this medication is to be given on a regular basis, please indicate what needs to be done if the student is on a class trip or on early closing days. Teaching staff cannot administer.

Check One:

_____Student will not be taking the medication when going on a class trip.

_____Administer the medication when the student returns from the class trip.

_____Parent will administer the medication when accompanying student on the trip.

Circle One: Administer/Do Not Administer the medication on early closing days.

When applicable and in accordance with the West Windsor-Plainsboro School District’s policy, I give permission for my son/daughter to self-administer the above medication. I also understand that the self administration privilege shall be revoked if it is deemed that my son/daughter has failed to comply with school policy and tenets of the agreement to self-medicate.

I relieve the West Windsor-Plainsboro Board of Education and its employees of any liability for the benefits or consequences arising from the administration or student self-administration of this medication.

__________________________________________  __________________________
Signature of Parent/Guardian                  Date

______________________________
Parent/Guardian Name (Print/Type/Stamp)
PERMISSION TO RIDE FORM
(With Staff Member, Volunteer, or Student Driver)

I __________________________________________ parent/guardian of __________________________________________
(print name)                                                                                              (print name of student)

grant permission for her/him to ride with ________________________________________________
(print name of driver)

to ________________________________________________ in order to participate in a school
(print name of location)

related activity. In the event of an accident, I understand that the school district’s insurance company will be
liable only for those damages not covered by the driver’s and/or my insurance. Further, I understand that my
daughter/son must abide by all NJMVC and school rules.

__________________________________________ ________________________________________
Parent/Guardian Signature             Date  Student Signature           Date