

APPROVAL TO PLAN A FIELD TRIP

FIELD TRIP REQUEST FORM FOR WILDERNESS – OVERNIGHT – INTERNATIONAL TRIPS

Follows Administrative Directive [6.50.011](#) – AD Field Trips

\$ OO À HOGV PXVW EH FRPSOHWH DW WLPH RI VXEPLVVU
, I V SDFH LV QRW VXIÀFLHQW RQ WKLV IRUP VXSSRUWLQJ LQIRU

Check all that apply: † Wilderness † Overnight † International
† Camp † Water Activity † MESD

\$ 6FKRRO _____ 3DUWLFLSDWLQJ: JUDGH OHYHO _____
3ULQFLSDO·V 1DPH _____ 'HSDUWPHQW & ODVV 7HDP _____
Approval to Plan attached? † Yes † No Trip Itinerary attached? † Yes † No
Activity planned: _____ † Trip optional † Trip required (no charge to student)

Destination: (include address) _____
If there will be more than one destination on this trip, please attach a separate sheet and provide all remaining destinations and addresses.
If trip is out of state, state number of miles from BESC to destination: _____ (Board approval needed for trips farther than 150 miles from BESC.)

*If International, administrator attending: _____

Departure date: _____ Departure time: _____ : _____ † AM † PM
Return date: _____ Return time: _____ : _____ † AM † PM

Educational Objectives: _____

Total Number of teacher/staff on trip: (list below) _____

1. Trip leader name: _____ PPS Employee Email: _____

PPS Employee ID: _____ Cell Phone Number: _____

Trip Leader Gender: † Male † Female † Non-Binary

2. Name: _____ PPS Employee Email: _____

PPS Employee ID: _____ Cell Phone Number: _____

Gender: † Male † Female † Non-Binary

3. Name: _____ PPS Employee Email: _____

PPS Employee ID: _____ Cell Phone Number: _____

Gender: † Male † Female † Non-Binary

4. Name: _____ PPS Employee Email: _____

PPS Employee ID: _____ Cell Phone Number: _____

Gender: † Male † Female † Non-Binary

If there will be more than four (4) teacher/staff members on this trip, please attach a separate sheet and provide all remaining staff names, emails, employee IDs, and cell phone numbers. If a separate sheet is attached, please check this box: †

Number of parents/volunteers/chaperones/student teachers accompanying students: _____

In accordance with PPS Administrative Directive [5.10.141-AD](#), when trips require parents/volunteers, the District requires a criminal records screening for each participating parent/volunteer. Please have parents/volunteers read the [Volunteer Code of Conduct](#) and complete the online [Volunteer Background Check](#). Approvals are valid for three (3) years. Contact Security Services with questions at (503) 916-3000.

Names of Parents/Volunteers/Chaperones: (required)	Gender: (required)	Approval Expires: (required)	Cell Phone Number: (required)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there will be more than four (4) parents/volunteers on this trip, please attach a separate sheet and provide all remaining Parents/Volunteers names and cell phone numbers. If a separate sheet is attached, please check this box:

Number of students on the trip: _____ No. of Males: _____ No. of Females: _____ No. of Non-Binary: _____

Ratio of adults to students: _____ (Ratio not less than 1:10 for elementary; 1:15 for middle school; 1:20 for high school)

) LUVW \$ LG & 35 4XDOLA HG , QGMLGXBORV P 5HTXILAFHG
\$OO ZLOGHUQHVV RYHUQLJKW DQG LQWHUQDWLRQDO AHOG WULSV UH\$K GUDQV KDBW DMU W/H A F D
3DUHQVV YROXQWHHUV FKDSHURQHV VWXGHQW WHDFKHUV DQG SURJUDP OHDGHUV PDI AOO

Name: _____ Role/Title: _____

Name: _____ Role/Title: _____

% \$FFRPPRGDWLRQV QHFHVVDU\ IRU VWXGHQWV ZLWK VSHFHQGLQJ (when used, when assistive devices are used, see the following guidance document):

& ORGH RI 7UDYHO

Private Vehicle: (must include detailed explanation) Total No. of Vehicles: _____

Vehicle 1 Make: _____ Model: _____ Seating Capacity: (include driver) _____

Vehicle 2 Make: _____ Model: _____ Seating Capacity: (include driver) _____

Vehicle 3 Make: _____ Model: _____ Seating Capacity: (include driver) _____

Vehicle 4 Make: _____ Model: _____ Seating Capacity: (include driver) _____

If there will be more than four (4) vehicles on this trip, please attach a separate sheet and provide all remaining vehicles makes and models.

If a separate sheet is attached, please check this box:

Private vehicles: Drivers complete " ["ULYHU 9HKLFOH 6WDWH"](#) and attach copies of Driver License and up to date auto policy information.

District Vehicle: (complete Field Trip Transportation Request via student transportation website)

Bus Trip Number to Destination: _____ Trip Number from Destination: _____
(overnight only)

Vans

1DPH V RI 7\SH & HUWLÀHG 'ULYHUV

Commercial Carrier Name:

[\(ODE approved list\)](#)

Trimet:

Airline Travel:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Check all that apply: Wilderness Overnight International
Camp Water Activity MESD
† \$ P X V H P H Q W 3 D U N

Permission is granted for my child to participate in the following activity:

School(s): _____

Departure date: _____ Return date: _____

Activity Planned: _____

Department/Class/Team: _____ Trip leader: _____

Destination: (include address) _____

Educational Objective: _____

Special clothing, supplies, equipment, or funds needed: _____

Additional Information: _____

Mode of Travel: Private Vehicle District Vehicle (bus/vans) Commercial Carrier Trimet

[REDACTED] _____

,W LV WKH SULRULW\ RI 3RUWODQG 3XEOLF 6FKRROV 'LVWULFW WR SURYL
DVVXUH WKH VWXGHQW DQG SDUHQW JXDUGLDQ D UH D V R Q D E O \ V D I H H Q Y L U
P X V W Æ U V W D F N Q R Z O H G J H S R W H Q W L D O U L V N V Z K L F K P L J K W E S D H W E R K S D W H L U

[REDACTED] _____

7KH 'LVWULFW·V UHSUHVHQWDWLRQ DQG WKDW RI LWV UHSUHVHQWDWLYH V LV WKDW D TXD

2. The dangers that are present in this trip are those commonly experienced by and known to all persons traveling with young people within the United States. The District cannot and does not claim to control such dangers. Parents wishing more information regarding the trip and its leadership should contact the Trip Leadership.

3. Participants must exercise the appropriate level of maturity and self-discipline for their age and extend the effort necessary to protect their individual safety. Each participant is urged to be continually on guard for the safety of others in the group and circumstances which impair that safety.

4. Parents must inform themselves of the level of supervision that will be on the trip, the details of the trip, and then judge for themselves, considering their VWXGHQW·V PDWXULW\ DQG ZKHWKHU WKHLU VWXGHQW LV DEOH WR DFFHSW GLUHFWRQ DQG

7KH 'LVWULFW DQG 7ULS /HDGHUVKLS LV QRW UHVSQRVLEOH IRU WKH VDIHW\ RI QRQRQWULFW and other dangers, and cannot be expected to control student behavior which is contrary to the directions given to the student or individuals in the group.

7KH 'LVWULFW KDV SXUFKDVHG DQ DFFLGHQW DQG HPHUJHQF\ VLFNQHVV LQVXUDQFH SROLF\ is in excess of any other insurance.



As a parent(s) or legal guardian(s) of _____, or as an emancipated student traveling with the Group, I/we, the undersigned, hereby release and agree to defend and hold harmless Portland 3XEOLF 6FKRRO 'LVWULFW - 0XOWRQPK &RXQW\ 2UHJRQ 'LVWULFW and their assigns from any claims from any person, entity or estate, in any forum that may arise against them by reason of property loss or injury and/or death resulting from any cause including, but not limited to, the student or other students having failed to properly carry out instructions from the Trip Leadership, but excepting those which occur because the Trip Leadership negligently failed to take reasonable steps available to it to protect the student from an immediate substantial hazard actually known to the Trip Leadership.


0\ VWXGHQW·V PHGLFDO LQIRUPDWLRQ If it is included above, it is included by WKH V SULDYDWH YHKLFOH RQ WKLV ÀHOG WULS I hereby grant permission for my child to travel by private vehicle 3XEOLF 6FKRROV KDV YHULÀHG WKH YROXQWHHU SDUHQW RU VWDII GULYHU K the minimum insurance requirements mandated by the State of Oregon.


Please note any medical conditions of which the District should be aware: _____


_____	_____	_____	_____
Parent/Guardian Name	Phone	Emergency Contact Name	Phone

I hereby give Portland Public Schools (or its representative designee) authority to seek emergency medical treatment for my child.







While considering approval of the Willamette Jet Boat experience for the your child, parents are encouraged to learn PRUH DERXW WKH :LOODPHWWH -HW %RDWV RSHUDWLRQ E\ UHYLHZLQJ www.willamettejet.com. The company can also answer your questions about the jet boat operations at 503.231.1532