



COLTON-REDLANDS-YUCAIPA ROP FIELD TRIP REQUEST CHECK LIST

Teacher Name	
Campus Name	
Contact Number	
Field Trip Date	

Regulations

1. The instructor shall submit a completed field trip form to their Administrative Assistant **at least 8 weeks** before the planned event. After approval from CRY-ROP, please submit for site approval. A copy of site approval needs to be sent to AA once obtained.
2. If you are considering driving a CRY-ROP van, DMV clearance is required. Please contact Human Resources to get the necessary paperwork **at least 2 weeks** in advanced.
3. Parent permission slips shall be collected by instructor and readily available on the field trip.
4. Instructor must disclose if wheelchair access is needed for transportation.
5. A final head count of participants must be submitted to your AA one week before departure.

Itinerary

Departure		
Date	Time	Place
Arrival		
Date	Time	Place
Departure from event/location		
Date	Time	Place
Return to school site		
Date	Time	Place

To Be Completed By Teacher

Completed (Y/N)	Process	Notes
	Submit completed CRY-ROP Field Trip Request packet to AA	
	Submit list of chaperones to AA (1 chaperone/15 students)	
	Submit list of students expected to attend to AA	
	Submit school's field trip paperwork to campus admin	
	Substitute Request Submitted into Frontline	
	Meals have been arranged	



COLTON-REDLANDS-YUCAIPA
REGIONAL OCCUPATIONAL PROGRAM
FIELD TRIP REQUEST

Regular Field Trip

Teacher: _____ Program: _____

Date Submitted: _____ Date(s) of Trip: _____

Event Name: _____

Location Name: _____

Address: _____

Number of students estimated to attend: _____ Wheelchair Accommodation: Yes No

Number of chaperones to attend (1 chaperone per 15 students): _____ (Please attach a list)

**Parent, guardian, and volunteers must complete the chaperone authorization form(I-102) and submit the Megan's Law Volunteer Background Check Form and proof of TB clearance.*

Purpose (clearly state educational purpose/value of trip to understand why this trip is educationally sound and relevant):

Transportation

Transportation Method: _____ Arranged by (Check one): ROP Staff Teacher/District

Transportation Company: _____ Phone #: _____

Confirmed By: _____

ONLY COMPLETE THIS SECTION FOR VIRTUAL FIELD TRIPS

Virtual Field Trip

Provider Name: _____ Site: _____ Room #: _____

Period(s): _____ Start Time: _____ End Time: _____

Number of students expected to attend: _____

Parent Permission on file? (required for high school students): Yes Not Applicable

List Core Teachers that will participate (Please include teacher name and subject taught):



Colton-Redlands-Yucaipa
Regional Occupational Program

FIELD TRIP AUTHORIZATION
(CONSENT FOR STUDENT TO PARTICIPATE AND BE
TRANSPORTED TO ACTIVITIES/EVENTS/TRIPS)

TO BE COMPLETED BY TEACHER

Name of Student: _____

Person in Charge/Teacher: _____ Class Title: _____

Date(s): _____ Time: Departure/Return: _____ / _____

Destination to: _____ Leaving from: _____

Mode of Transportation: Private Auto School Bus Other _____

Purpose: _____

TO BE READ AND COMPLETED BY PARENT/GUARDIAN OR ADULT STUDENT

I fully understand that all participants are to abide by all rules and regulations governing conduct during this activity. It is understood that any one determined to be in violation of these behavior standards may be sent home at the parent's/guardian's, or adult student's own expense.

I understand and acknowledge that as provided in Education Code section 35330, by consenting to allow my child, or myself as an adult student, to participate in this activity, I shall by law be deemed to have given up all claims against the CRY-ROP, and the school district at which the CRY-ROP program is located, and each of its officers, employees and agents, and the State of California, for any injury, accident, illness or death occurring during or by reason of this activity. I also agree to relieve the CRY-ROP, and the school district at which the CRY-ROP program is located, of any responsibility for damage to or loss of personal property occurring during or by reason of this activity.

By signing this form, I acknowledge that my student may be a passenger in a private car (not driven by a student), and hereby give my permission for that transportation to take place.

In the event of any illness or accident, I give CRY-ROP full authority to obtain such medical treatment and/or surgery from a licensed physician and/or surgeon as deemed necessary for the welfare of my student or myself as an adult student.

_____ *In the event of illness or accident, please contact:*

Health Insurance Company _____

Policy Number _____ Name _____

Group Number _____ Address _____

Name of Insured _____ Telephone _____

Possible Medical Problems (Allergies, etc....) _____

List Any Necessary Medications _____

SIGNATURE OF PARENT/GUARDIAN, or ADULT STUDENT _____ **DATE** _____

Original to: Program Manager

Copy to: Teacher & Program Support Specialist



Colton-Redlands-Yucaipa
Regional Occupational Program

**REQUEST AND AUTHORIZATION FOR USE OF
DRIVER AND PRIVATE VEHICLE FOR A SCHOOL EVENT OR TRIP**

Authorization is hereby requested for use of volunteer driver(s) in private vehicles for the following special trip(s):

Date(s): _____ Time: Departure/Return: _____

Destination to: _____ Leaving from: _____

Purpose: _____

Teacher's Name: _____ Class Title: _____

It is understood that this trip is subject to the following conditions:

1. The driver's personal automobile insurance policy shall provide primary coverage.
2. The trip must be optional and students under 18 cannot attend without prior consent of the parent or guardian (see Field Trip Authorization Form).
3. The driver(s) shall hold a valid California driver's license. *(Please attach copy)*
4. The driver shall be covered by an automobile insurance policy with minimum coverage of: Public Liability & Bodily Injury - \$100,000/300,000 per accident; Property Damage - \$50,000 per accident; Medical Payments - \$2,000. *(Please attach copy)*
5. Seat restraints must be available for all passengers. Vehicles must not be overloaded.
6. Vehicles must be registered in California and be in proper mechanical condition.
7. Completion of an appropriate CRY-ROP Field Trip and Chaperone Authorization Form (when needed) for each participant.
8. The transporting of pupil personnel is limited to vehicles which meet the requirements for transporting passengers contained in the motor vehicle code of the State of California. The transporting of pupil personnel in pick-up trucks or vans equipped with substandard passenger accommodations is expressly prohibited.

I agree to accept the responsibilities involved with this trip and certify that I will comply with the conditions listed above.

Driver's Signature (Name as shown on driver's license)

Date

Driver's Address

California Driver's License Number

Driver's Telephone Number

Automobile License Number

Name of Insurance Company and Policy Number

Authorization is hereby _____ granted/ _____ denied for _____ to transport a maximum of _____ students in his/her private automobile at the date and time and to the destination specified above.	
_____ Program Manager Approval	_____ Date
_____ Superintendent Approval	_____ Date

Original to: Program Manager

Copy to: Teacher, Program Support Specialist, Driver



Colton-Redlands-Yucaipa
Regional Occupational Program

CHAPERONE AUTHORIZATION

I, _____, am going as a parent, guardian, volunteer, to
Print Name

_____ on _____ on the
Location Date

_____ field trip or excursion sponsored by the Colton-Redlands-Yucaipa Regional Occupational Program (CRY-ROP). I understand and acknowledge that as provided in Education Code Section 35330, by participating in this activity, I shall by law be deemed to have given up all claims against the CRY-ROP, and the school district at which the CRY-ROP program is located, and each of its officers, employees and agents, and the State of California, for any injury, accident, illness or death occurring during or by reason of this activity. I also agree to relieve the CRY-ROP and the school district at which the CRY-ROP program is located, of any responsibility for damage to or loss of my property occurring during or by reason of this activity.

In the event that I am unable to authorize necessary medical treatment and/or surgery due to illness or accident, I hereby give the employee in charge of said field trip or excursion authorization to obtain such medical treatment or surgery from a licensed physician or surgeon for my welfare.

Emergency Contact Person and Phone Number: _____

Health Care Provider and Phone Number: _____

Insurance Carrier/Policy Number/Group Number: _____

Other (Allergies, Medical Concerns, etc.): _____

Signature

Date

- | |
|--|
| <p>Please submit the following 5 days prior to the field trip or excursion:</p> <ul style="list-style-type: none"> • Copy of Driver’s License or Photo ID • Megan’s Law Volunteer Background Check form • Proof of TB clearance |
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Original to: Program Manager

Copy to: Teacher, Program Support Specialist, Individual



Colton-Redlands-Yucaipa Regional Occupational Program
1214 Indiana Court, Redlands, California 92374 (909) 793-3115

Megan’s Law Volunteer Background Check

To provide a safe and protective environment for students, the Colton-Redlands-Yucaipa ROP is using the Megan’s Law database to complete background checks on school volunteers. This database identifies adults who are registered sex offenders.

Because you are interested in volunteering at a school site, you are subject to a background check utilizing the Megan’s Law database.

Thank you for your cooperation in increasing the district’s ability to protect our students’ safety.

I acknowledge that I am not a registered sex offender and the Colton-Redlands-Yucaipa ROP will check the Megan’s Law public database to confirm this. This form can be used throughout the school year to review my status.

School: _____ Teacher: _____

Volunteer’s Name (please print): _____

Volunteer Address: _____
Number Street City Zip

Volunteer’s DOB: _____ Phone: _____

Signature: _____ Date: _____

Office use only

Date background check completed _____

Clearance approved: Yes _____ No _____

Completed by: _____