

# GALILEO ACADEMY FIELD TRIP PACKET

## Standard Day Trips Only

Risk Management has redesigned the District's field trip forms so please disregard any field trip forms used in previous years. Please read and fill out completely. This form is for standard day field trips only. These documents are required by the SFUSD Risk Management.

### Checklist for Field Trip Sponsor's Responsibilities (check and initial all boxes that apply)

- ☐ Check field trip calendar date for conflicts ([www.galileoweb.org](http://www.galileoweb.org))
  - Select Resources
  - Select Calendars
  - Select Field Trip Calendar to view for potential conflicts of your date (select back arrow when done)
- ☐ Log into your Galileo Web account ([www.galileoweb.org](http://www.galileoweb.org))
  - Select Resources
  - Select Mail.GALILEOWEB.ORG
  - Log In (with your username and password) Last name first initial (no space)
  - Select Calendar
  - Select date for your field trip (double click your date)
  - Menu box appears - Select 'Edit event details'
  - Enter - What (teacher name), When, Where & Time
  - Type in Guest box: [fieldtrips@galileoweb.org](mailto:fieldtrips@galileoweb.org) Select Save
- ☐ Develop a communication protocol and phone tree with others who are involved
- ☐ Fax a copy of the summary sheet (pg 2) for day trips outside of the City & County of San Francisco (including chaperone contact phone numbers) to Risk Management 415 241-6330.
- ☐ Ensure that the trip will be supervised by at least one certificated staff person. Ratio of adults to students shall be adequate to the activities undertaken, age of the students, and specific requirements of the trip (Recommend 1:15 ratio.)
- ☐ Obtain Department Head and AP signatures.
- ☐ Obtain parent/ guardian signature for each student attending field trip.
- ☐ If releasing student(s) to or from destination please describe under "Transportation" instructing parent guardian to sign pg 3 "For High Schools Only".
- ☐ If volunteer drivers will transport students they must complete an additional form

### Galileo Field Trip Rules

- Submit the completed field trip packet (6 pages) signed by your department head to Assistant Principal at least four weeks in advance of the event and longer if special funding is needed.
- Field trips are not allowed without the attached forms completed (timely) and signed by assistant principal.
- Sponsor teacher is required to bring a first aid kit on field trip.
- Field trips are not to involve overnight stays unless approved by High School Operations/Risk Management Overnight/Experiential field trip forms & additional requirements can be found in Rm 211A.
- Field trips are not to be scheduled during school testing programs; the last week of the report period; on holidays; on minimum days; and the week before fall/spring semester final exams (closed week). Check the field trip calendar to be sure.

Sponsor teacher give Signed Parent Permission forms and List of Students attending field trip to Assistant Principal Room 211 on or before day of field trip.

\_\_\_\_\_  
Department Head Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
AP Approval

\_\_\_\_\_  
Date

*Substitute requests must be approved by Principal*

**GALILEO ACADEMY FIELD TRIP PACKET**  
**Standard Day Trips Only**

*For Out of County field trip the sponsor teacher must fax this page to Risk Management @ 241- 6330 and also HSO @ 241- 6202*

Today's date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Dept: \_\_\_\_\_ Cell # \_\_\_\_\_

Name of chaperone(s) assisting on the field trip:

1. \_\_\_\_\_ Cell # \_\_\_\_\_

2. \_\_\_\_\_ Cell # \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose: \_\_\_\_\_

Field Trip Date: \_\_\_\_\_ Time: \_\_\_\_\_  
From To

Admission Fee: \_\_\_\_\_ Method of transportation: \_\_\_\_\_

Class: \_\_\_\_\_

or Group	Subject	Period	Room No.	# of Students
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Subject	Period	Room No.	# of Students
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Total # of students: \_\_\_\_\_

Substitute coverage needed: Yes: \_\_\_\_\_ No: \_\_\_\_\_

How is coverage for students not attending this field trip being arranged?

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On day of field trip or before signed permission forms and list of students must be in room 211.

For chartered bus complete last page

# San Francisco Unified School District

## Field Trip Permission Form and Waiver



*For Standard Day Trips Only*

Your child has received school staff and District approval to participate in a field trip. Under the California Educational Code and Board Policy, teachers and support staff may take students on field trips to enrich and complement their educational experience. Such trips are always under the supervision of at least one teacher and/or school administrator, or certified athletic coach in the case of a same day high school athletic events, and all precautions are taken to ensure each student's welfare.

Student Name: \_\_\_\_\_

Field Trip Location and Address: \_\_\_\_\_

The trip will depart from and return to: \_\_\_\_\_

Field Trip Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

### Trip Description

The field trip will involve the following activities: *(Teacher: Describe trip and activities in detail)*

Class or group attending:

Number of Students:

\_\_\_\_\_

\_\_\_\_\_

**Items Student Should Bring** *(if any):*

**Names of teacher(s), staff, coach(es), chaperone(s)**

*Teacher: Next to each name, indicate whether adult is a teacher, staff, coach or chaperone*

## Transportation

*Describe transportation, i.e., walking, MUNI, BART, Caltrain, schoolbus, charter bus, private automobiles\**

If traveling by automobile, name(s) of approved driver(s):

**\* Volunteer drivers must complete the Volunteer Driver Form prior to Field Trip**

**Waiver of Claim:** I understand that Education Code Section 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the San Francisco Unified District or the State of California, for injury, illness or death occurring during or by reason of the field trip or excursion. I therefore acknowledge that as a condition of my son/daughter/ward participating in said activity, I hold harmless and waive any and all claims against the State of California or the San Francisco Unified School District (and its officers, employees, agents), including, but not limited to, claims arising out of any negligence of any officers or employees of the District, for any injury, accident, illness, or death, or any loss or damage to personal property occurring during or by reason of the participation in said activity.

1. I understand this field trip is optional and attendance by my child is not required and that an alternative activity at School will be provided if I do not give permission for my child to participate.
2. I understand that all students going on this trip will be responsible in conduct to the bus driver(s), to teachers, and, if applicable, adult sponsors at all times.
3. I understand that all field trips begin and end at the School and that all students are required to go and return from this event on the transportation provided, unless prior arrangements have been made and agreed to in writing by the principal, site administrator, or teacher.
4. The District provides all students with Field Trip Accident Insurance that covers 100% of reasonable and customary charges up to \$25,000.00 per claim, with no deductible amount. I understand that in order to make an insurance claim, I must complete, or cooperate with school personnel and the attending physician or dentist in completing an accident claim form, which is available at the School. I shall submit the claim form according to the instructions on the form. I understand that the District provides this insurance as a courtesy and, in no way, is responsible for the making, granting, or denying of insurance claims.

**Authorization to treat minor:** In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

**Parent/Guardian Section: MUST BE COMPLETED**

Print Name(s) of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Pagers, cell phones, e-mail: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Student's Critical Medical Needs/Allergies/Conditions:

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and agree to permit my child to participate in the trip described above.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**Chaperones:** If agreement has been reached with the supervising teacher, and I chaperone students on this trip, I will comply with all District requirements pertaining to the chaperoning of students.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

## For Middle and High Schools Only

*Teachers' approval of student's participation in field trip*

1<sup>st</sup>

\_\_\_\_\_  
Subject/Signature

5<sup>th</sup>

\_\_\_\_\_  
Subject/Signature

2<sup>nd</sup>

\_\_\_\_\_  
Subject/Signature

6<sup>th</sup>

\_\_\_\_\_  
Subject/Signature

3<sup>rd</sup>

\_\_\_\_\_  
Subject/Signature

7<sup>th</sup>

\_\_\_\_\_  
Subject/Signature

4<sup>th</sup>

\_\_\_\_\_  
Subject/Signature

8<sup>th</sup>

\_\_\_\_\_  
Subject/Signature

\_\_\_\_\_  
Administrator's Approval

\_\_\_\_\_  
Counselor's Approval

**For High Schools Only.** With the teacher's approval, a high school student may wish to meet at and/or leave from the destination on his/her own. If this choice applies to your child and you approve, please sign below. Otherwise, he/she will leave and arrive with the supervising teacher. Under this option, SFUSD and the school will not be liable for any incidents that may occur. Additionally, your child may not transport any other students.

"I certify that my son/daughter has a valid driver's license and that the vehicle is properly registered and has full liability insurance coverage. My high school student has my permission to drive to and from the destination for field trip referenced in this document on his/her own and I accept full responsibility."

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Stores Requisition * (For Items IN Catalog)		Revolving Fund		Equipment & Furniture-Issue, Moving, Maintenance		OTHER (Specify below)	
		Encumbrance Request		Field Trip			
SCHOOL TO INDICATE TYPE OF REQUISITION BY AN (X), IN ONE OF THE ABOVE SQUARES							

PAGE \_\_\_\_ of \_\_\_\_

ROOM # \_\_\_\_\_

Estimated Total Cost

## DATE \_\_\_\_\_

reqform.xls.pm