

PROVIDENCE CREEK ACADEMY
Field Trip Instructions

ALL FIELD TRIPS MUST BE APPROVED ONE MONTH PRIOR TO THE SCHEDULED TRIP DATE

1. Complete the entire Field Trip Packet and place it the mail box for Joan Messick. Return the entire packet with the exception of the Bus Transportation Request Form. Transportation request should go directly to Belinda Krise.

2. Transportation Request Form:
 - Complete the transportation request form.
 - The Transportation Supervisor will return the form

3. Turn the field trip packet in to Joan Messick. She will:
 - Forward to the Principal and Curriculum Director for review and approval.
 - Distribute copies to the Nurse, Cafeteria Manager, Principal and Teacher
 - Place the trip information on the calendar
 - Make copies upon request. **Please note at the bottom if you would like copies returned with the packet.**

NOTES:

Once the trip has been approved the packet will be returned to the teacher.

Providence Creek Academy Charter School Field Trip Request Form

Please complete all information and submit to Joan Messick, Field Trip Coordinator.

Trip Sponsor: _____ Date: _____

Trip Destination: _____

Educational Standards Incorporated:

Date of Trip: _____

Trip Itinerary: Depart PCA: _____ Location arrival time: _____

Depart from location _____ PCA arrival time: _____

Classes Participating: _____

Transportation Arrangements and Costs (include number buses): _____

Other Costs (Lunches, Admission Prices, etc): _____

Total Cost: _____ Cost Per Student: _____

Students must be charged for the exact amount of the trip.

Adult chaperones must pay their own expenses.

Number and names of Chaperones:

Request submitted by: _____ Date: _____

Approved: _____
Principal Field Trip Coordinator

This information will be submitted to the nurses and cafeteria upon approval.

Nurse: _____ Cafeteria: _____

Field Trip Lunch Request Form
(To be submitted by teacher 2 days prior to trip)

Homeroom teacher _____

My child, _____, will need
a packed lunch for the field trip.

Date of trip _____

Please note your child will receive at least one item from the
categories below:

Sandwich: lunchmeat and cheese or peanut butter and jelly

Drink

Fruit

Snack

Please indicate payment method:

___ lunch account ___ cash included

Please indicate any food allergies your child has:

Sign-In/Sign-Out Procedure for Field Trips

Please read below to access each grade's Field Trip Sign-Out/Sign-In Sheet for field trips and/or campus tours:

From your computer:

- 1) Click on My Computer
- 2) Click on Teacher Server
- 3) Click on Nurse File

Under Nurse File, each grade has its own Sign-In/Sign-Out sheet with all the necessary medications that need to be taken on any/all field trips.

If you see that medications are needed for a trip, each child must have a medication administration consent form on file. Please have these forms to the nurse's office at least 48 hours prior to your trip. This enables us to have all of the correct medications pulled and ready to go for your departure.

Thank you!

Cindy & Laura

**Providence Creek Academy
Parent/Guardian Approval for School Trip**

Student's Name: _____ Trip/Activity: _____

Date of Trip: _____ Departure Time: _____ Return Time: _____

Mode of Transportation: BUS _____ CAR _____ OTHER _____

Cost: _____ Lunch/Snack: _____

Comments: _____

Name of Doctor: _____ Doctor's phone number: _____

Allergies: _____

In case of an emergency, I can be reached at the following phone numbers:

Home: _____ Work: _____ Other: _____

I grant permission to seek medical treatment for my child in case of an emergency. I hereby grant permission for the above named child to attend the activity or trip scheduled. I understand that no child is obligated to go on the trip and the responsibility of the school cannot be beyond the exercise of reasonable caution and supervision.

Signature of Parent/Guardian

Date

MEDICATION ON THE FIELD TRIP

If your child takes routine or emergency medication and needs to take this medication on the field trip, please complete columns 1-4 of the form below.

My child can self-administer with assistance from a trained staff member the following medication on the field trip. Medication must be in the original container.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Medication Name	Dose: Amount to be given	Route: by mouth, inhaled, topical	Time to be given	Time taken	Signature of Staff Assisting with Medication
1.					
2.					
3.					

*** Staff: PLEASE RETURN THE SIGNED FORM TO THE NURSE AFTER THE FIELD TRIP***

Signature of Parent/Guardian

Date

***IF INTERESTED IN CHAPERONING PLEASE COMPLETE EMERGENCY CARD ON BACK. (Chaperones called by teacher upon availability of space)**

I, _____, Parent/Guardian of _____, understand that if I am unable to provide the life-saving medication(s) that are prescribed for my child, in the event of an emergency, 9-1-1 will be called. I acknowledge that I am responsible for all costs associated with emergency care. I acknowledge that I am responsible for transportation of my child from the field trip location or medical facility in the event of an emergency. Parents that opt not to sign this waiver understand that their child is not permitted to attend any off campus event.

Providence Creek Academy
Chaperone Emergency Card

Name: _____ DOB: _____

Allergies: _____

Epi-Pen () yes () no

Asthma: () Yes () no Asthma Prescriptions: _____

Physician: _____ Phone #: _____

Preferred Hospital: _____

Spouse/Emergency Contact Person: _____

Cell Phone #: _____ Work #: _____

Spouse/Contact Person Employer: _____

Medical Information: List any important conditions or medications

Field Trip Departure Checklist

It is required for every teacher escorting their class on a filed trip to report to the employees listed below before departing from Providence Creek Academy. Please have the employees put their initials next to their position, verifying that you have picked up all necessary items. After you have completed the checklist, please have one of PCA's administrators sign the form for final confirmation. **Buses will not have permission to leave until this form is completed and signed by an administrator.**

Checklist

____ Picked up lunches ____ No lunches ____ Cafeteria Staff

____ Picked up medications ____ No medications ____ Nurse Staff

____ Picked up check ____ Check was mailed ____ Office Staff

Teacher Contact Information

Teacher Name _____ Number _____

Teacher Name _____ Number _____

Teacher Name _____ Number _____

Teacher Name _____ Number _____

Administrator's Signature _____ Date: _____

Teacher's Signature _____ Date: _____

**Providence Creek Academy Charter School's
Deposit Verification Form**

Account: _____
(Fine Arts, Leap, Ballet, Fieldtrip, Donations, Athletics, etc.)

Date: _____

<u>CASH</u>	<u>TOTAL</u>
_____ @\$100.00	_____
_____ @\$50.00	_____
_____ @\$20.00	_____
_____ @\$10.00	_____
_____ @\$5.00	_____
_____ @\$2.00	_____
_____ @\$1.00	_____

TOTAL CASH AMOUNT: _____

<u>COINS</u>	<u>TOTAL</u>
_____ @\$1.00	_____
_____ @\$0.50	_____
_____ @\$0.25	_____
_____ @\$0.10	_____
_____ @\$0.05	_____
_____ @\$0.01	_____

TOTAL COIN AMOUNT: _____

CHECKS

PLEASE PHOTOCOPY ALL CHECKS INCLUDED IN THE DEPOSIT. THE SPREADSHEET ON THE BACK OF THE VERIFICATION FORM IS OPTIONAL; HOWEVER, IF YOU CHOOSE TO RECORD YOUR CHECKS ON THE SPREADSHEET, COPIES OF ALL CHECKS MUST STILL TO BE INCLUDED IN YOUR DEPOSIT BEFORE IT CAN BE VERIFIED.

TOTAL NUMBER OF CHECKS INCLUDED: _____

TOTAL CHECK AMOUNT: _____

TOTAL DEPOSIT AMOUNT: _____

Preparer's Signature _____ Date _____

Verifier's Signature _____ Date _____

FRIENDLY REMINDER: DEPOSITS MUST BE VERIFIED IN THE PRESENCE OF THE DEPOSITOR. THIS IS A PCA BOARD APPROVED POLICY THAT WAS IMPLEMENTED TO PROTECT ALL PARTIES INVOLVED.

REQUEST FOR FIELD TRIP CHECK

This form is to be used to request checks for field trips. Please review the Field Trip Policy in you Handbook and follow the procedures as outlined for you.

All money needs to be collected and deposited at least two days before you request you check. If funds are not available in you field trip account, we are unable to process you request.

Your check needs to be requested at least 10 working days before you need it.

Name of person submitting the request: _____ Date: _____

Vendor Name and Address:

Vendor Tax Identification Number: _____

Vendor Contact (person to call with questions): _____

Telephone Number: _____ Fax Number: _____

Date of Field Trip: _____

Check Should Be Made Payable To: _____

The Amount of The Check Should Be \$ _____ Date Needed: _____

Once you request has been processed, a copy of this form will be placed in you mail box so you will know that I have received the paperwork I need and that there are ample funds in you field trip account. Keep a copy of this form for you records.

Please contact me if you do not have this form back within three (3) days

Processed On: _____ By: _____

Providence Creek Academy
273 West Duck Creek Road
P.O. Box 265
Clayton, DE 19938

Bus Transportation Field Trip Request Form 2016 – 2017

Grade / Sport: _____

Name of Teacher/Coach: _____

Name of Location: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Are there any parking fees? _____ No _____ Yes If yes, how much per bus? _____

Field Trip Date: _____ Educational/Sports/Fun: _____

First Location:

Second Location:

Departing PCA Time: _____

Drop off at 1st Destination: _____

Drop off at 2nd Destination: _____

Pick Up at 1st Destination: _____

Pick Up at 2nd Destination: _____

Arrival at PCA: _____

Number of Students: _____

Number of Teachers/Chaperones: _____

48 students, teachers, or chaperones per bus on out of state field trips for grades K-8.

Bus Rental Rate with Driver: _____ Number of Buses: _____

This form must be reattached to the Field Trip Packet after returned by Transportation Supervisor and submitted to Joan Messick.

Transportation Manager: _____ Date: _____

Field Trip Director Approval: _____ Date: _____