

TRIP PLAN:

New York City Department of Education (DOE)-Sponsored Trips

A DETAILED ITINERARY MUST BE GIVEN TO THE PRINCIPAL AND ATTACHED TO THIS FORM

	School: Class(es)					
2.	Destination: No change permitted without new consent form and authorization					
5.	Purpose of Trip:					
.	Date(s) of Trip:					
5.	Time of Departure:6. Time of Return:					
	No. of Pupils to be Taken: 8. No. of Teachers: No. of Other Adults:					
-	Transportation Required:					
	Public: Name of Charter Bus Co: Other:					
0.	. Departure Information (location and carrier):					
1.	. Return Trip Information (location and carrier):					
2.	. Free Transportation Passes Requested: Yes No					
3.						
	с					
•	Name and Contact Information for Person/Company Who Arranged Travel Plans:					
5.	. Food and Lodging will be Provided by:					
-	Address and Phone No. of Lodging:					
-	 The school confirmed the following for any students with medical needs, consistent with the DOE Trip Nurse Policy and the student's Individualized Education Program (IEP), Section 504 Plan, Medication Administration Form (MAF) and/or Medically Prescribed Treatment Form: A. Name of person who will carry and be responsible for administering or supervising the student's routine medication if required during the trip, and person's role/relationship to student (e.g., Independent student; trained staff member; assigned paraprofessional; parent/designee; nurse): 					
	Name (if N/A, please indicate)Role / Relationship to Student					
	B. Name of person who will be present at all times during the trip to administer epinephrine (allergic reaction) or glucagon (severe hypoglycemia, diabetes) in a medical emergency, and person's role/relationship to student (e.g., trained staff member; assigned paraprofessional; parent/designee; nurse):					
	Name (if N/A, please indicate) Role / Relationship to Student					
	If appropriate individuals are not identified in 17(A) and (B) above, as applicable, the trip will NOT be approved. If such individuals are identified but ultimately unable to attend, the principal must postpone whenever possible or as a last resort cancel the trip until care can be arranged. <i>Parents/guardians cannot</i> be required or pressured to attend a field trip, including to provide disability-related care to their child.					
-	Has the adult supervisor confirmed they will travel with first aid kits, telephone numbers for e services in the area, and students' emergency home contact numbers? Yes No	emergency				
-	(e.g., sedentary trip as opposed to outdoor, physically active trip)?	sk involved				
	Yes No If yes, attach a copy of the policy.					
)_	. If swimming is involved, the school has determined that a lifeguard will be on duty at all times whe	n students				

Yes _____

are in the water.

OUT-OF-COUNTRY TRIPS

In addition to the requirements for local trips:

- A. Are there any current travel warnings or advisories issued by the United States State Department? (www.cdc.gov; www.travel.state.gov) Yes _____ No _____
 If yes, please explain: ______
- B. Have you purchased Medical Insurance for each day of an out-of-country trip? Yes _____ No _____ (attach copy of policy)
- C. Is medical preclearance required? Yes _____ No _____ If Yes, attach a copy of the medical form for each student.
- D. Does each student and staff member have the appropriate documentation necessary for travel to the country/countries being visited and for return to the United States? Yes _____ No _____
- E. Copies of all students' passports shall be maintained by the Trip Coordinator.
- F. At least one staff member accompanying the students must have a phone with international service. Name of staff member: ______ Phone number: ______

I CERTIFY THAT ALL REQUIREMENTS OF CHANCELLOR'S REGULATION A-670 THAT RELATE TO THIS TRIP HAVE BEEN FULFILLED.

21.	APPROVED_		DATE	
		Principal		

For International Trips:

The appropriate Superintendent must approve international trips. If there are travel advisories for the country/countries the students will be visiting, the Superintendent must consult with the Chancellor or the Chancellor's designee prior to making a determination whether to approve the trip.

22. APPROVED___

Superintendent

DATE _