

“Emergency preparedness is a team sport.”
Eric Whitaker



FIELD TRIP/OUTING PLANNER



Class/Organization _____ **Number of Attendees** _____

(3rd Grade, Pathfinders, English Dept., etc.)

Outing/Destination _____

(Museum, Sea World, Zoo, Yosemite National Park, London, etc.)

Planned Activities _____

(List all planned activities: museum study, concert, camping, day hike, rock climbing, bicycling, etc.)

<i>TRANSPORTATION</i>	<i>√ All that Apply</i>			<i>NOTES</i>
Public Transportation				
Rental Vehicle				
School/Church Vehicle				
Private (Personal) Auto (Not Recommended)				
Note: A "NO" response may indicate a need for additional safety/risk management measures.				
	YES	NO	N/A	
Qualified Drivers				
(Good driving record/current MVR, Age 21+, valid and current license per type of vehicle, etc. See <i>NAD Working Policy</i> —P50 26)				
Vehicles(s) – Safe, Well-Maintained Condition				
Tires – Proper Size and Rating				
Meet Safe, Legal Tread Wear Limits				
Vehicle Properly Insured				
• Special Vehicle Insurance Coverage (Mexico)				
Fire Extinguisher				
Emergency Road Kit (Reflectors, etc.)				
First Aid Kit				
Seat Belts Required				
Seating and Load Capacity Adhered To				
Transportation in the Back of Open Vehicles				
Prohibited (Pickup Trucks, Flat Beds, etc.)				
Follow-up Vehicles Provided (Bike and Walkathons, etc.)				
ADMINISTRATIVE				
Permission Slips				
Medical Release Forms (Available for all children under 18)				
Volunteer Ministry Forms Signed/Filed (child abuse)				
Activity/Site Approval by Proper Authorities (State/Province, County, City, Fire Marshal, Park Service, etc.)				
Requirements by Proper Authorities Met				
Certificates of Insurance Obtained as Needed				
Accident Medical Insurance				
• Miscellaneous Accident				
• Volunteer Labor Construction (as needed)				
• Short Term Travel (If outside U.S. and Canada)				
Traveler's Advisory Checked				

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Note: A "NO" response may indicate a need for additional safety/risk management measures.				
	YES	NO	N/A	
SUPERVISION				
Adequate Number of Supervisors* (Minimum of two required and at then one for every 10 students or more if activity requires)				Number Required _____
Supervision Qualified for Activity				
First Aid Trained Staff				
Current CPR and Lifeguard Certification				
EMERGENCY PLANNING				
(NOTE: In many regions, <i>weather</i> conditions can change dramatically in a short period of time – clear and warm to blizzard, cool to extreme heat. Check weather advisories and always plan for any potential weather extremes for the area visited.)				
Emergency/Disaster Plan Prepared				
Cellular Phone				
Portable Two-way Radios				
Citizen Band and/or Marine Radio				
AM/FM or Weather Band Radio				
Additional clothing Requirements				
Shelter Requirements				
Emergency Water				
Emergency Food				
Wool or Space Blankets				
Clothing and Equipment Lists Distributed				
ACTIVITY SAFETY				
Safety Equipment Available for All Participants <small>(Life Jackets, Safety Harnesses, Helmets, Knee and Elbow Pads, etc.)</small>				
Safety Equipment Required for All Participants				
Safety Equipment Inspected Before Each Use				
All Work Projects Adhere to OSHA or CCOSH and International Standards <small>(Strongest Shall Be Used)</small>				
All Child Labor Laws Observed				
ADDITIONAL NOTES AND COMMENTS:				

*See supervision attachment pertaining to examples of supervision requirements for various activities.

Requested by _____ Date _____

Title _____

Approved by _____ Date _____

Title _____

NOTE: Safety elements included in this form are suggested as minimal considerations. Other additional measures will generally be required for every activity. The maintenance of safe premises, operations, activities and equipment are the legal responsibility of the insured. Adventist Risk Management assumes no responsibility for the management or control of the insured's premises, operations and activities or for the safety elements or procedures used by the insured. Liability on the park of Adventist Risk Management for loss is hereby disclaimed.

Field Trip Permission Form

Dear Parent or Guardian,

A field trip has been planned for your child's class. Please read the information at the top of this form, then sign and return the permission slip at the bottom of this form by _____.

Field Trip Information:

Name of Event: _____

Date of Event: _____

Time Leaving: _____

Time Returning: _____

Leaving From: _____

Returning To: _____

Cost: _____

Transportation: _____

Sponsor _____

Description of Event: (place(s), activities, supervision, other pertinent data)

Special Instructions: _____

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I give permission for _____ to attend the
(Student's full name)

_____ on _____ 20 ____
(Name of Event) (Date)

I give consent for necessary first aid or any emergency medical attention.

_____ Date: _____ 20 ____
(Parent or Legal Guardian's Signature)

On the day of the field trip I, _____, can be reached at

Parent's Phone: (_____) _____ - _____

Emergency Contact: _____ (Name) _____ (Relationship to student)

Phone: (_____) _____ - _____