

EMMAUS HIGH SCHOOL

Advisor/Coach Overnight Field Trip Checklist

1. The Activities Office must have copies of the following information before departure of trip:
 - Copy of flight/bus information**
 - Hotel(s) addresses and phone numbers**
 - Name and phone number of company representative**
 - Daily Itinerary**
 - Copy of Parent/Student Agreement**
 - Copy of Student Emergency Information**
 - Copy of Parental Permission & Liability Release Form**
 - All non-district chaperones and parent(s)/guardian(s) included on the trip are cleared with the EPSD Personnel Office (Instructions attached) and placed on the Program Volunteer List.**
 - Is this a department field trip? If so, paperwork is due 6 weeks in advance.**

2. Do you have in your possession?
 - Flight/bus information**
 - Hotel(s) addresses, phone numbers and confirmation**
 - Name and phone number of company representative**
 - Daily Itinerary**
 - Each student's Parent/Student Agreement**
 - Each student's Emergency Information**
 - Each student's Parental Permission & Liability Release Form**

East Penn School District Volunteer Information Sheet

The East Penn School District is pleased you are considering volunteering your time to assist the staff and students of the district.

Volunteer – *A volunteer is an adult serving in an unpaid position in which they are individually responsible for the welfare of a child or have “direct contact with children” (care, supervision, guidance or control of children), or routine interaction with children.*

The information below has been updated due to the recent changes. Certificates are valid for 60 months (5 years) from the date issued and must be renewed in order to continue as a volunteer within the district.

For those that wish to be a volunteer, you are required to submit a Pennsylvania Criminal History and a Child Abuse History in addition to the notarized Volunteer Affidavit to Human Resources located at 800 Pine Street in Emmaus. Copies of the Affidavit are available in Human Resources or on the East Penn School District website under “Volunteers”. The district has notary services (**drivers’ license required for notary service**) free of charge. ***Please note that if you have not been a resident of the state of Pennsylvania for 10 years, you will be required to complete the FBI Federal Criminal History to be a volunteer and submit the official result certificate to Human Resources.***

1. The Pennsylvania Criminal History can be done online. The online results are available almost immediately. To complete the process online, go to <https://epatch.state.pa.us> and click on “New Record Check (Volunteers Only)” and follow the instructions. When indicating the purpose of the certification, please indicate “Volunteer”. At the end of the process, you will be shown a receipt on the screen (which you can print if you want a receipt). In the middle of the receipt, you will see “Certification Form” in blue. Click on this and it will bring up your Criminal Background Certificate which you will then print. Please note, once you print out the “Certification Form”, you will be unable to print it again.
2. The Child Abuse History can be completed online. Requests for certifications may be made online at <https://www.compass.state.pa.us/CWIS>. When indicating the purpose of the certification, please indicate “Volunteer”. Upon signing on to the Child Welfare Portal, you will be asked to "Create Individual Account" or "Individual Login". If this is your first time on the site, you will select "Create Individual Account". Here you will be asked to create your Keystone ID# (this is an ID that you will create for yourself and retain for later use). Upon completion and submission of your application you will be notified via email when your certification is ready to view online (anywhere from 1 day to 4 weeks). You will then log back into your account on the Child Welfare Portal and select "Individual Login" to access and print out the certificate. If you selected to have a copy mailed to you, it could take 4 - 8 weeks or longer.

Certificates must be brought to the District Human Resources Office, located at 800 Pine Street in Emmaus, **by appointment only between the hours of 8:00 a.m. – 3:00 p.m.** (unless otherwise noted on the Human Resources Website). Copies will be made for our records and the originals returned to you. Please note: We will not be able to provide you with copies of these certificates in the future so please be sure to put originals in a secure location. Written notification must be provided by the volunteer to Human Resources, no later than 72 hours after an arrest or conviction of an offense that would constitute grounds for denying participation as a volunteer.

If you have not been a resident of the state of Pennsylvania for 10 years, you will be required to complete the FBI Federal Criminal History to be a Volunteer and submit the official result certificate to Human Resources.

East Penn School District Volunteer Information Sheet

3. The FBI Federal Criminal History requires individuals to have fingerprints digitally rolled at a registered fingerprinting site.

Registration – The applicant must register prior to going to the fingerprint site. Walk-in service is allowed but all applicants are required to complete pre-enrollment in the new Universal Enrollment system. Pre-enrollment can be completed online or over the phone. The registration website is available online 24 hours/day, seven days per week at <https://uenroll.identogo.com>. Telephonic registration is available at 1-844-321-2101 Monday through Friday, 8am to 6pm EST. During the pre-enrollment process, all demographic data for the applicant is collected (name, address, etc.) along with notices about identification requirements and other important information.

When registering on-line, an applicant must use the appropriate agency specific Service Code (1KG6ZJ) to ensure they are processed for the correct agency (PDHS) and/or applicant type (PDHS Volunteer). Using the correct service code ensures the background check is submitted for the correct purpose. Fingerprint requests processed through any other agency or purpose cannot be accepted and are not transferable. If an applicant enters the wrong code by mistake, the incorrect applicant type will appear at the top of the screen. The applicant should select the “Back to Home” button and begin the process again, by reentering the correct Service Code. If the applicant proceeds with the process under the incorrect code, the pre-enrollment and/or results cannot be transferred to another state agency and the applicant will have to start the process over and pay for the background check again.

Employer information section: If the applicant knows the agency/organization they will be volunteering for, they should enter that agency/organization’s information. (East Penn School District; 800 Pine St., Emmaus, PA 18049)

Payment – The applicant will pay a fee for the fingerprint service and to secure an unofficial copy of the Criminal History Record. Major Credit Cards as well as Money Orders or Cashier’s Checks payable to **MorphoTrust** will be accepted on site for those applicants who are required to pay individually. No cash transactions or personal checks are allowed.

For detailed information on Federal Criminal History Background Checks, please use the following link: <https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/FBI-Fingerprinting.aspx>

If you have any questions or to schedule an appointment, please contact Human Resources at 610-966-8330.

Overnight Field Trip Chaperone Guidelines & Regulations

1. Complete itinerary, including free time, submitted to Principal and Activities Director 1 month prior to trip.
2. All chaperones attending the trip must meet with Principal and Activities Director/Assistant Activities Director to review itinerary and logistics of trip.
3. Proof of a meeting that lead chaperones have had a meeting with students and parents of students attending the trip.
4. Any misconduct involving drugs, alcohol, or any other major incidents will result in the student being sent home at the students/parents expense. All parents/guardians must sign a PARENT/STUDENT AGREEMENT and a PARENTAL PERMISSION AND LIABILITY RELEASE FORM. A copy of each individual agreement must be submitted to the Activities Office before departure of trip and copies may be made in the Activities Office.
5. Submit two contact numbers of chaperones to be reached while on the trip. All chaperones who are non-district employees must submit volunteer clearances.
6. Chaperones must have two administrator's numbers while on the trip.
7. There is to be **NO** consumption of alcoholic beverages while students are present.
8. In the event of an incident of misconduct, the school Principal and one Assistant Principal must be notified immediately.
9. Students involved in the misconduct must be immediately interviewed by lead chaperones and written statements from students completed and signed.
10. Curfew should be no later than 11:00 p.m. unless on an identified, per the itinerary, group activity. Bed check should follow no later than 30 minutes after the curfew.
11. Appropriate disciplinary measures, per the discipline code, will be taken upon return to school.
12. A copy of all rules, regulations, itinerary and guidelines must be given to parents and students two weeks prior to trip.
13. The lead chaperone will be responsible for submitting **ALL** required paperwork to the proper administrators.

OVERNIGHT FIELD TRIP APPLICATION

06/2023

Three copies of this form must be submitted for approval by the Principal to the Superintendent of Schools prior to any final arrangement commitments for an overnight field trip.

Name of Organization/Group: _____

Destination: _____ Date of Trip: _____

Departure Return

School Dates Involved: _____

Number of Students: _____ Advisor: _____

Chaperones: (attach additional page and include Cell Phone Numbers) _____

Transportation: _____

Housing Accommodations: (all details – hotel name, address, phone numbers, etc. and all pertinent information, attach additional page if necessary) _____

Number of Substitutes Required: List periods class coverage is needed if departing during school day: _____

Number of Substitute Days Necessary: _____ Cost to District: _____

Cost to Individual Student: _____

Teachers Accompanying This Trip on School Days Shall Receive: Regular Pay: _____ Partial Pay: _____ No Pay: _____

Other Arrangements (explain): _____

Do teachers accompanying this trip receive any financial remuneration and/or benefits from a source other than the

School District? No Yes (explain) _____

Are the teacher chaperones members of the school/department sponsoring the trip? Yes No _____

NOTE: Teachers from one school/department shall not serve as chaperones to students from another school/department. _____

Please attach a list of names and a form of communication of students who will accompany the trip.

| | |
|--|------------------------|
| Meet with Principal Before: | Received: _____ |
| Date Parent Permission Forms Due: | Received: |
| Date Student Roster Due: | Received: |
| Signature of Principal: | Date: |
| Signature of Superintendent: | Date: |

Field Trip Costs:

Transportation Costs: _____ Transportation Costs Paid By: _____
(Student, Activity Fund, C&I, Building Budget, etc.)

Entrance Fee Costs: _____ Entrance Fee Cost Paid By: _____
(Student, Activity Fund, C&I, Building Budget, etc.)

Other Costs: _____ Amount Paid by Student: _____

Amount Paid by Other Means: _____ Explain "Other Means": _____

How many children have made this trip previously? _____

Please outline your itinerary: _____

Please explain the procedure for continuing the education of those students not participating in this trip: _____

Please explain what pre-planning will be done with the students: _____

Explain briefly, the follow-up activities you plan: _____

NOTE: Lesson plans for substitute teachers must be submitted to the principal at least one week before departure. The Principal (or his representative) will carefully observe the non-participating student's activities.

**EAST PENN SCHOOL DISTRICT
EMMAUS HIGH SCHOOL
OVERNIGHT TRIP GUIDELINES**

1. Students must be members of a group/club/organization which is organizing the trip (e.g. a Latin trip is for students who are taking Latin during the current school year.)
2. An overnight trip must be engaged, at least 80% of the time, in the specific activity for which the trip is taken (e.g. a choral group should be at the choral venue 80% of the time; a computer competition group should spend 80% of the time competing, etc.).
3. **All current school rules apply, without exception, no matter what the local customs may be.**
4. All parents and students will receive a behavioral contract, which the group leaders will explain in detail to parents and students before any money is deposited in any account.
5. All tour sponsors/chaperones/group leaders must meet with the principal thirty (30) calendar days before a trip to review all plans. All department field trips need to be turned in 6 weeks in advance.
6. Chaperones will set-up a form of communication (an app) to contact parents/students immediately upon arrival at the first destination.
7. There shall be at least a ratio of one **(1) chaperone per eight (8) students.**
8. All overnight trips will have two (2) faculty members as chaperones.

EMMAUS HIGH SCHOOL

Overnight Field Trip Information/Itinerary/Means of Communication

Teacher _____

Address _____

Phone # _____ Cell Phone # _____

Airline _____ Departure/Arrival Airports _____ / _____

Departing Flight # _____ Departure/Arrival Times _____

Returning Flight # _____ Departure/Arrival Times _____

Bus Company to/from the Airport _____

Please attach a copy of your flight information

Hotel(s), Address(es) and Phone Numbers _____

Company Representative Name/Number _____

Please attach a copy of your daily Itinerary

Will students be given unchaperoned free time? _____

If Yes, how much per day? _____ Will chaperones be in the vicinity? _____

During unchaperoned free time, how will students and chaperones be in contact? _____

Does each chaperone have a copy of the Student's Emergency Information? _____

Please include a copy of each student's emergency information, to be kept on file in the athletic office

Dates of Parent Meetings (regarding: cost; cancellation/reimbursement policies; drug and alcohol policies; Parent/Student Agreement; itinerary; etc.)

Date _____

Date _____

Date _____

Do you have a signed copy of the Parent/Student Agreement for each student? _____

Please include a copy of each student's Parent/Student Agreement

**EAST PENN SCHOOL DISTRICT
EMMAUS HIGH SCHOOL
OVERNIGHT TRIP GUIDELINES**

PARENT/STUDENT AGREEMENT

1. As an Emmaus High School student visiting another area of the United States or a Foreign Country, I will be aware of my role as a representative of Emmaus High School, and I will live up to what is expected of me in this role.
2. I recognize that the Emmaus group Coordinators are responsible for the welfare of everyone participating in the program. I will therefore listen to and follow the chaperone's instructions.
3. I will not use alcohol or illegal drugs. I realize that any infraction of this policy will result in disciplinary action according to the Emmaus High School Discipline Code; furthermore, I understand that all District and School Discipline Policies apply.
4. I will, while in hotels and other private or public places, respect property and the rights of others and observe the rules and regulations of the establishments and the instructions of my group leaders.
5. I will participate in all activities planned for my group. Moreover, I will be on time for all activities.
6. I realize that I will not be permitted to travel alone, especially in any privately owned vehicle (car, boat, motorcycle, etc.) without advanced written permission from my parents and the express permission and consent of the group leader.
7. I will be receptive to the culture of the region or country I am visiting. If on a foreign language trip, I will use the language of the country to the best of my ability.
8. If a travel agency charges an additional fee in order for the group to travel during the school mandated travel dates, I/we agree to pay the additional fee.
9. I have reviewed these points with my parent(s)/guardian(s). My parent(s)/guardian(s) and I understand the need for all participating Emmaus students to agree to the above items. My parent(s)/guardian(s) and I further realize that if I do not abide by these rules, I will be sent home at the discretion of the program coordinators at my family's expense, and that I will be responsible for all financial and other consequences of my behavior.

Student's Signature

Parent's/Guardian's Signature

Home Phone

Cell Phone

Date

Date

EAST PENN SCHOOL DISTRICT
FIELD TRIP PARENTAL PERMISSION AND LIABILITY RELEASE
PARENT/GUARDIANS ARE REQUIRED TO COMPLETE, SIGN, & RETURN DUPLICATE SECTIONS

I understand the arrangements for taking _____ on a field trip to _____
(Grade/Group/Organization) (Destination)
on _____. We (parent/guardian and student) each certify that we will personally inspect the Student's luggage,
(Date)

bags, belongings, and other personal effects immediately prior to the field trip departure and that such luggage, bags, belongings, and other personal effects will not contain any weapons, drugs, alcohol, or other contraband. Except as set forth below, we _____ (Parent/Guardian) do certify that _____ (Student Name) is neither taking medications of any kind (over-the counter, prescription or otherwise) nor has any medical condition which requires specialized treatment. We further understand and agree to inform the Building Principal, in writing, as soon as possible should the situation change otherwise.

I hereby give permission for _____, Grade _____, ID _____ to go on the field trip.
(Student name)

I further consent to allow emergency medical aid to be administered to my child by a qualified person if the need arises.

Health-related information (serious allergy, chronic illness) *See Medical Information Sheet*

I hereby release _____, the East Penn School District, its administrators, employees and agents from any and all
(Teacher/Advisor name)
liability arising from, or related to the student attending the field trip.

(Date) (Parent/Guardian Signature) (Phone-home) (Phone-cell)

(Student Signature)

-----TEACHERS – DETACH HERE. Submit the top section to Activities Office prior to departure. Keep the bottom section for your records and submit to the Activities Department after your trip has concluded. -----

EAST PENN SCHOOL DISTRICT
FIELD TRIP PARENTAL PERMISSION AND LIABILITY RELEASE
PARENT/GUARDIANS ARE REQUIRED TO COMPLETE, SIGN, & RETURN DUPLICATE SECTIONS

I understand the arrangements for taking _____ on a field trip to _____
(Grade/Group/Organization) (Destination)
on _____. We (parent/guardian and student) each certify that we will personally inspect the Student's luggage,
(Date)

bags, belongings, and other personal effects immediately prior to the field trip departure and that such luggage, bags, belongings, and other personal effects will not contain any weapons, drugs, alcohol, or other contraband. Except as set forth below, we _____ (Parent/Guardian) do certify that _____ (Student Name) is neither taking medications of any kind (over-the counter, prescription or otherwise) nor has any medical condition which requires specialized treatment. We further understand and agree to inform the Building Principal, in writing, as soon as possible should the situation change otherwise.

I hereby give permission for _____, Grade _____, ID _____ to go on the field trip.
(Student name)

I further consent to allow emergency medical aid to be administered to my child by a qualified person if the need arises.

Health-related information (serious allergy, chronic illness) *See Medical Information Sheet*

I hereby release _____, the East Penn School District, its administrators, employees and agents from any and all
(Teacher/Advisor name)
liability arising from, or related to the student attending the field trip.

(Date) (Parent/Guardian Signature) (Phone-home) (Phone-cell)

(Student Signature)

Student Medical Information

Student Name _____ Student ID Number _____

Event/ Field Trip/Activity _____ Parent Signature _____

Date of Event _____ Overnight Date _____ to _____

| |
|---|
| Please list all MEDICAL CONDITIONS |
| |
| |
| |

If your child has Type 1 Diabetes:

- **Check this box if your student has a physician signature on file in the nursing office stating that your student is independent in all of their diabetic care.**

| Please list any serious ALLERGIES | Reaction/Treatment |
|-----------------------------------|--------------------|
| | |
| | |
| | |

- All medications require a signed physician's order and parent permission. The nurse must have completed paperwork in order to administer medications to your student. EPSD medication policy allows for students to carry epi pens and inhalers **only** for self administration with signed physician permission.

Students are not permitted to carry any other medications.

[Link to Medication Authorization Form](#)

| Medication | Dosage | How is medication to be administered | Time to be administered |
|------------|--------|--------------------------------------|-------------------------|
| | | | |
| | | | |
| | | | |

- All medical treatments require a signed physician's order and parent permission. The nurse must have completed paperwork.

- Please list any medical treatments your child requires:

| Treatment | Time | Notes |
|-----------|------|-------|
| | | |
| | | |

FIELD TRIP INFORMATION

FOR PARENT/GUARDIAN – PLEASE KEEP THIS PAGE FOR YOUR RECORDS

Grade/Group/Organization: _____ **Date of Trip:** _____

Destination: _____ **Type of Transportation:** _____

Meeting Time: _____ **Meeting Location:** _____ **Time of Departure:** _____

Approximate Return Time: _____ **Pickup Location:** _____

Cost to Student: _____ **Money & Permission Slips Due By:** _____

***Make Checks Payable to:** _____ (Please note Department Field Trips are non-refundable)

Meals will be Provided: _____ **Must Pack Lunch:** _____ **Will Eat On Route, Student Should Provide Money:** _____

Additional Information: _____

Teacher/Advisor Names: _____

Field Trip Description: _____

STUDENT EMERGENCY INFORMATION

NAME: _____ ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____ ADDRESS: _____
(PRIMARY CONTACT)

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

PAGER: _____ RELATIONSHIP TO STUDENT: _____

NAME: _____ ADDRESS: _____
(SECONDARY CONTACT)

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

PAGER: _____ RELATIONSHIP TO STUDENT: _____

PRE-EXISTING CIRCULATORY/PULMONARY CONDITIONS: _____

DIABETES: _____ INHALERS: _____ ALLERGIES: _____

CURRENT MEDICATIONS: _____

OTHER PERTINENT INFORMATION:

MEDICAL INSURANCE CARRIER: _____ POLICY NUMBER: _____

FAMILY PHYSICIAN: _____ PHONE: _____

PERMISSIONS TO TREAT: _____

SIGNATURE OF PARENT/GUARDIAN

Please park in Lot J across from the auditorium (closest to North Street)

CHAPERONE PARKING INFORMATION

Name: _____

Student's Name: _____

Faculty Supervising Field Trip: _____

Vehicle Information:

Make/Model: _____

Year: _____

Color: _____

License Plate No: _____

Date(s) vehicle will be parked on school property: _____