



UNITED INDEPENDENT SCHOOL DISTRICT FIELD TRIP GUIDELINES AND PROCEDURES

Field trips require careful planning. They necessitate administrative and parental/guardian approval, suitable behavior for the occasion and sufficient orientation to ensure the most effective learning outcomes. The trip should originate from a current unit of study and be appropriate for the age and maturity level of the group. Students should understand the field trip and what is to be learned. As soon as possible after the trip, the teacher should, with the students, review and evaluate the objectives of the field trip.

The participation of any staff member of a school in the conceptualization, detailed design, planning, or implementation of any trip shall define the activity as “belonging” to the District.

1. TRAVEL

Students who must travel to participate in school-sponsored activities shall ride in transportation provided by the school to and from the event. In the event the parents elect an alternate mode of transportation for the student, the *Parental Waiver of District Transportation and Liability* form (**Form 890-043**) must be submitted to the sponsor for approval. FMG (LOCAL).

2. TRAVEL SUPERVISION

School sponsored trips shall be supervised by at least one District employee, and all trips must be supervised by at least one teacher/chaperone for every ten students. Teacher sponsors are responsible for student safety and conduct while on the trip.

3. INSURANCE

For all field trips, the District will require that a parent or legal guardian completely fill out the *Student Medical Treatment Card for Field Trip/Out of Town Events* which requests medical insurance information. In addition, the District shall require each parent or legal guardian to execute a *Parental Release and Permission Form* regardless of whether the parent or legal guardian provides evidence of medical insurance for his/her child.

4. FIELD TRIP PROPOSAL (Exhibit A)

Students who participate in trips shall be required to sign a written Agreement of Conduct, (**Exhibit B**) which shall include, but shall not be limited to, designation of curfew hours, a prohibition against the possession or use of tobacco, illegal drugs and alcohol, a prohibition against unsupervised coed visitation in student rooms and the understanding that the Student Code of Conduct in addition to any campus rules of discipline shall be enforced.

All out of district trips or excursions must be submitted in proposal format, which must contain, but not be limited to the following:

- A. A clearly defined instructional purpose for the trip.
- B. A defined student/chaperone supervision ratio sufficient to meet reasonable safety requirements, which shall be not less than 10:1.
- C. A full accounting of the cost of the activity to be managed out of the local campus budget and/or Activity Fund.
- D. Documented pre-approved travel, transportation, and insurance coverage plans.
- E. A plan for medical emergencies.
- F. An explanation of any activity, which may be hazardous, and what safety procedures and precaution will be taken to assure safety of students.
- G. Any special training necessary for staff/chaperones and verification that staff/chaperones who supervise students have such training.

5. PRINCIPAL RESPONSIBILITIES

- A. Ensure that the necessary travel forms are presented and prepared by the trip sponsor according to the *UISD Travel Forms Checklist (Exhibit C)*.
- B. Ensure that the ratio of students to sponsors is 10:1 on any field trip.
- C. Ensure that persons serving as sponsors have been in-serviced on these travel procedures as well as on Board FMG (LOCAL) and DFBB (LOCAL) on an annual basis and/or whenever a staff member assumes the role of sponsor for the first time.

6. SCHOOL NURSE RESPONSIBILITIES

The school nurse shall provide the principal with an updated list of students who do not have parental permission allowing UISD personnel to seek medical emergency treatment for their children thus preventing them from traveling. In addition, sponsors shall have the District's *Student Medical Treatment Card for Field Trip/Out of Town Events* completed and signed for each student. The sponsors shall have this information available during the field trip time frame.

7. EMPLOYEE SPONSOR RESPONSIBILITIES

- A. Secure all approvals and notices prior to committing the District and collecting funds. This must be completed 10 days prior to the trip.
- B. Secure approval of the trip plans by the school principal and the appropriate Executive Director.
- C. Receive written approval of the Superintendent for out of state trips.
- D. Provide written list of potential hazards and establish written precautionary rules of conduct. Also, brief students and chaperones on the *UISD Student Bus Rider Handbook*.
- E. Provide appropriate adult supervision. Required adult supervision is one adult for every ten students.
- F. Inform chaperones, in writing and prior to the trip, of their full responsibilities while on the trip (Parents of District students or other community volunteers who are assigned to and/or agree to be responsible for the safety and well-being of District students for off-campus student field trips are considered as appropriate chaperones. Parent volunteers must be certified by the district).
- G. Secure parent/guardian permission in writing and retain in the possession of the sponsor (**Exhibit D**). If a student has not submitted this form, he/she **shall not** be allowed to travel with the group. In the event that a student must travel with a parent or legal guardian:
 - 1. Obtain a letter from the parent or guardian at least one day prior to the trip stating reasons the student will travel with parent and submit the letter to the campus principal for approval.
 - 2. Verify this information by a phone call to the parent or guardian requesting the personal travel arrangements.
 - 3. Notify the parent and student of approval or non-approval of the request.
- H. Secure parent or legal guardian's completion of the *Student Medical Treatment Card for Field Trip/Out of Town Events* which requests medical insurance information.
- I. Meet with parents before an out of town, overnight trip, other than UIL, and provide them a detailed itinerary.
- J. Supervise the administration of student's prescribed medication while on the trip. The sponsor must have a copy of the student's *Physician/Parent Request for Administration of Medicine or Special Procedures by School Personnel*, which can be obtained from the school nurse. In addition, sponsors shall have the District's *Student Medical Treatment Card for Field Trip/Out of Town Events (Exhibit E)* completed and signed for each student. The sponsors shall have this information available during the field trip time frame.
- K. Know what to do in the event of an accident or illness while on trip. The teacher sponsor should:
 - 1. Plan with the school nurse, what to do in case of an accident or illness before leaving on the trip.
 - 2. Render first aid for minor injuries such as minor scrapes and cuts.
 - 3. Call the local police department/emergency medical service for more serious injuries. If the emergency medical service transports the student to the hospital, accompany the student and remain with the student until the parent/guardian arrives.
 - 4. Notify the parent/guardian.
 - 5. Not assume hospital costs. This is the responsibility of the parent/guardian.
 - 6. Upon return, make a report of the accident to the principal who will provide a copy to the appropriate Executive Director.

- L. Call roll when the students have boarded their assigned vehicle.
- M. Call roll after any stop before proceeding.
- N. Frequently count the number of students, such as when the group arrives and departs from each activity. Implement a buddy system for use throughout the entire trip.
- O. Do not leave the campus or arrival site, until all students have been delivered to parent/guardian.
- P. For overnight trips:
 - 1. Secure room numbers for students, chaperones, and bus driver(s).
 - 2. Prepare a list designating student groupings by room and submit to place of lodging in advance.
 - 3. File student grouping list with lodging room numbers with the principal.
 - 4. When possible, book accommodations, which provide for adult supervision in the student rooms, where such is not available, sponsors, shall book accommodations in rooms, which are in the closest available proximity to the student rooms.
 - 5. Inform participating students of emergency exits and fire extinguishers.
 - 6. Set a curfew of no later than 11:00 p.m. for students.
 - 7. Inform students of any special lodging rules and regulations.
- Q. Sponsors shall inform students of **prohibition against the use of swimming pools and water parks or any type of recreational water activity.**

8. PARENT/GUARDIAN APPROVAL

For each trip, the parent/guardian shall be notified of the purpose of the trip, excursion, or tour and shall complete the *Parental Release and Permission* form, which shall be returned to the school prior to the event

Parent permission is required as follows:

- A. For each trip, a permission form is necessary, which should include the following information:
 - 1. Purpose(s) of the trip.
 - 2. Place to be visited.
 - 3. Date.
 - 4. Time of leaving and return.
 - 5. Parent or guardian signature.
- B. The following additional information may be provided to parent/guardian in writing for some trips:
 - 1. The name of the teachers/sponsors who will supervise the trip.
 - 2. Responsibility of the students.
 - 3. Cost, if any, to the student
 - 4. Special arrangements, if any.

9. STUDENT RESPONSIBILITIES

- A. Remain at all times with their assigned chaperone.
- B. Not change buses/vehicles.
- C. Adhere to the UISD Student Bus Rider Handbook and Student Code of Conduct
- D. Secure transportation to their homes upon arrival back on campus.
- E. Not leave the lodging area unless accompanied by a designated chaperone or by special permission.
- F. Visit other students in their rooms provided the following guidelines are observed:
 - 1. Doors are kept open.
 - 2. The noise level must be kept low so other guests are not disturbed.
 - 3. Once the curfew arrives, students return to their designated rooms.

Violations of these procedures:

- 1. By students, shall result in disciplinary action according to the Code of Conduct.
- 2. By school employees, shall result in a written reprimand and/or relief of sponsorship role and/or dismissal as a District employee depending on the severity of the offense according to the Board policy **DFBB (LOCAL)** as attached.
- 3. By non-employees, shall result in the non-employee not being allowed to serve as a volunteer in the District.



UNITED INDEPENDENT SCHOOL DISTRICT TRAVEL FORMS CHECKLIST

Campus: _____
Sponsor: _____
Date of Trip: _____
Destination: _____

COMPLETE THE FOLLOWING FORMS FOR APPROVAL:

_____ Travel Forms Checklist #890-007

For TEKS-based instructional field trips please include (see UISD Field Trip Guidelines and Procedures.):

_____ Field Trip Proposal #877-029

_____ Field Trip Request #877-030

_____ Student Roster #890-011(Accepted in EXCEL format)

_____ Request for Travel Authorization & Payment #901-005 and 901-006

Method of Student Transportation:

- Transportation is not being provided (No Additional Forms Required)
- Request for Bus Transportation #937-001(If transportation is being provided)
- Charter Bus
- Rental Vehicle
- Parental Waiver District Transportation and Liability #890-043 (Required if any type of transportation is being provided by school and student/s will not be on school-provided transportation)

_____ Purchase Requisition

_____ Itinerary Form #890-012 OR Schedule of Events

I certify that I have the forms listed below on file for each student competing:

_____ Parental Permission Forms #890-009 or 890-009S

_____ Student Travel Agreement of Conduct #890-006

_____ Student Medical Treatment Card for Field Trip/Out of Town Events
#881-009 or 881-009S

Trip Sponsor or UIL Academic Coordinator's Signature

Other forms if applicable:

_____ Money Disbursed to Students #901-019

_____ Money collected from students #901-018



FIELD TRIP PROPOSAL

SPONSOR NAME

DESTINATION OR TITLE OF TRIP

SCHOOL

INSTRUCTIONAL PURPOSE:

STUDENT/CHAPERONE SUPERVISION RATIO:

COST OF THE ACTIVITY: (To be managed out of the local campus activity account/campus budget)

TRAVEL PLANS: (Documented)

MEDICAL EMERGENCY PLANS:

HAZARDOUS ACTIVITY: (Explain safety procedures and precautions to be taken to assure safety of students)

IS SPECIAL TRAINING FOR STAFF/CHAPERONES NEEDED? If so, have you verified that they have had the training? How?

PARENT/GUARDIANSHIP APPROVAL: For each trip, the parent/guardian shall be notified of the purpose of the trip, excursion, or tour and shall complete the *Parental Release & Permission Form*, which shall be returned to the school prior to the event.

**UNITED INDEPENDENT SCHOOL DISTRICT
FIELD TRIP REQUEST**

Please fill in all blanks with appropriate information or N.A. (Not Applicable) or your request will be delayed.

Teacher _____ Date of Submission _____

Date of Trip _____ Date of Return _____

Approx. Time of Departure _____ Approx. Time of Return _____

Activity _____

Destination _____ Destination Phone _____

Lodging Place _____

Address _____

Justification: *(Should include reference to curriculum content area plus specific objective and skills to be developed.)
For field trips to view a movie, include Title and Rating of Movie*

Transportation District Bus Commercial Bus Rental Other

Grade Level _____ No. of Students _____ No. District Buses Required _____

Teacher's Signature _____ Date _____

Attach Request for Bus Transportaion Form for each bus required or the request for Field Trip will be delayed.

To be completed by Pricipal/Supervisor

Your request for this trip has been

Approved Date _____

Denied Date _____

Reason/Remarks _____

Expenditure Code or Funding Source Account Number

Fund	Func	Object	Sub	Organ	Year	Program

--	--	--	--	--	--	--

To be completed by Executive Director

Your request for this trip has been

Approved Date _____

Denied Date _____

Reason/Remarks _____

Principal/Supervisor Signature

Date

Executive Director Signature

Date

UNITED INDEPENDENT SCHOOL DISTRICT STUDENT FIELD TRIP REQUEST/ROSTER

Principal's Approval _____ Date and Time of Return _____

School _____ Trip Sponsor _____

Trip _____ Contact Administrator _____

Date and Time of Departure _____ Emergency Phone # _____

FUND/YR	FUNC	ORG	PROG CODE	LOCAL OPTION	OBJECT	SUB OBJECT

BUDGET CODE
ACCOUNT CODE

Please list below the names of the students and sponsors who will be traveling.

Students Initials for Meal Ticket/Money Received

Student Name	ID #	Student's Signature	Emergency Phone #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Chaperone _____

Please provide a copy of this form to the campus principal prior to departure

Students Initials for Meal Ticket/Money Received

Student Name	ID #	Student's Signature	Emergency Phone #
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			

Chaperone _____

Students Initials for Meal Ticket/Money Received

Student Name	ID #	Student's Signature	Emergency Phone #
41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
51.			
52.			
53.			
54.			
55.			
56.			
57.			
58.			
59.			
60.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
61.			
62.			
63.			
64.			
65.			
66.			
67.			
68.			
69.			
70.			

Chaperone _____

Students Initials for Meal Ticket/Money Received

Student Name	ID #	Student's Signature	Emergency Phone #
71.			
72.			
73.			
74.			
75.			
76.			
77.			
78.			
79.			
80.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
81.			
82.			
83.			
84.			
85.			
86.			
87.			
88.			
89.			
90.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
91.			
92.			
93.			
94.			
95.			
96.			
97.			
98.			
99.			
100.			

Chaperone _____

Students Initials for Meal Ticket/Money Received

Student Name	ID #	Student's Signature	Emergency Phone #
101.			
102.			
103.			
104.			
105.			
106.			
107.			
108.			
109.			
110.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
111.			
112.			
113.			
114.			
115.			
116.			
117.			
118.			
119.			
120.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
121.			
122.			
123.			
124.			
125.			
126.			
127.			
128.			
129.			
130.			

Chaperone _____

Students Initials for Meal Ticket/Money Received

Student Name	ID #	Student's Signature	Emergency Phone #
131.			
132.			
133.			
134.			
135.			
136.			
137.			
138.			
139.			
140.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
141.			
142.			
143.			
144.			
145.			
146.			
147.			
148.			
149.			
150.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
151.			
152.			
153.			
154.			
155.			
156.			
157.			
158.			
159.			
160.			

Chaperone _____

Students Initials for Meal Ticket/Money Received

Student Name	ID #	Student's Signature	Emergency Phone #
161.			
162.			
163.			
164.			
165.			
166.			
167.			
168.			
169.			
170.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
171.			
172.			
173.			
174.			
175.			
176.			
177.			
178.			
179.			
180.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
181.			
182.			
183.			
184.			
185.			
186.			
187.			
188.			
189.			
190.			

Chaperone _____

Students Initials for Meal Ticket/Money Received

Student Name	ID #	Student's Signature	Emergency Phone #
191.			
192.			
193.			
194.			
195.			
196.			
197.			
198.			
199.			
200.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
201.			
202.			
203.			
204.			
205.			
206.			
207.			
208.			
209.			
210.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
211.			
212.			
213.			
214.			
215.			
216.			
217.			
218.			
219.			
220.			

Chaperone _____

Students Initials for Meal Ticket/Money Received

Student Name	ID #	Student's Signature	Emergency Phone #
221.			
222.			
223.			
224.			
225.			
226.			
227.			
228.			
229.			
230.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
231.			
232.			
233.			
234.			
235.			
236.			
237.			
238.			
239.			
240.			

Chaperone _____

Student Name	ID #	Student's Signature	Emergency Phone #
241.			
242.			
243.			
244.			
245.			
246.			
247.			
248.			
249.			
250.			

Chaperone _____

United Independent School District

Request for Travel Authorization and Payment

This form must be turned in two weeks prior to the travel date

Campus/Department	Name: _____		Date: _____	
	Employee I.D. #/Vendor # _____		Home Address: _____	
	Dept. / Campus _____		Zip Code _____	
	Purpose of Trip: _____		Destination _____	
	Departure Date*: _____ Time: _____		Return Date: _____ Time: _____	
	*Note: Meal Allowances for same day travel (departing and returning on the same day) are taxable to the employee and allowance will be added to employee's W2 Form as per IRS Code.			
	Same Day Travel or Departure (\$36 x 75%) \$ 27.00 X _____ QTY Original receipts required upon return A) \$ _____ Interim Travel Day(s) \$ 36.00 X _____ QTY Original receipts required upon return B) \$ _____ Return (\$36 x 75%) \$ 27.00 X _____ QTY Original receipts required upon return C) \$ _____			
	GSA Report is required for processing travel request			
	Cost of Lodging: _____ # of nights X _____ \$ _____ = (Room Rate May Not Exceed GSA per diem rate)D) \$ _____ City Tax: _____ X _____ = (Exempt from State Tax) E) \$ _____ (Room Rate) X Tax % _____ # of nights Sharing Room with _____			
	Personal Vehicle:* _____ # of Miles X 2 X _____ mile = _____ F) \$ _____ *(\$0.50/mile) *(Attach directions from MapQuest.com/odometer readings are required for settlement)			
Students Meals:* # _____ X \$ _____ X _____ = _____ G) \$ _____ Money Given to Students (# Students) (\$ amount per meal) (# of meals) *Initialed Student List Required Form 890-011 (A)+(B)+(C)+(D)+(E)+(F)+(G) Sub-Total(1) \$ _____				
ITEMS PAYABLE TO VENDORS Rental / Buses / Airfare Fees : Attach Requisition (2) \$ _____ Payable to _____ Deadline ____/____/_____ Registration Fees/Entrance Fees: Attach Requisition (3) \$ _____ Payable to _____ Deadline ____/____/_____ Student Meals: Attach Requisition (4) \$ _____ Payable to _____ Deadline ____/____/_____ (1)+(2)+(3)+(4) = TOTAL FOR TRIP \$ _____				
All employees shall be required to submit travel- related expense receipts within five (5) business days of their return from a District-related trip. An employee that fails to turn in their receipts for any travel-related expenses on two (2) separate occasions in a school/work year shall not be advanced any travel monies by the District on a subsequent District-related business trip and shall be required to submit a request for reimbursement of their travel-related expenses upon their return from the District-related business trip.				
By signing this statement, I authorize the District to payroll deduct any unsubstantiated amounts. Please read statement immediately above.		Budget Codes must be completed by the appropriate personnel before trip will be approved.		
Signature of Claimant _____		Date _____		
Immediate Supervisor _____		Date _____		
Alternative Funding Source Approval _____		Date _____		
		Superintendent /Designee _____ Date _____ (Superintendent signature required on Out-of-State Trips)		
Curriculum & Instruction	Approval for Teacher Staff Development Only Request must be approved two weeks in advance & before registration for workshop is submitted.			
	Exe. Dir. of Elem./Sec.Ed. or Dir. of Sp.Ed. _____		Date _____	
Accounting	For Accounting Office Use Only			
	Budget Accountant/Staff Accountant _____		Date _____	

Travel Authorization and Payment Instruction

Name / Empl. #/Vendor I.D.#/ Address	Use the full name of the claimant, Empl. I.D. #/Vendor # and employee's home address.
Date	Refers to the date the travel authorization form is prepared.
Destination	Requires the specific name of the city and state to which claimant is traveling.
Purpose of Trip	Requires a detailed statement of justification as to why the claimant needs to travel and how this trip will enhance his or her performance on the job for the school district.
Depart and Return	Refers to the date and time the claimant will leave the District and return to the District.
Meals	Meals for same day trip will be reimbursed at 75% of \$36.00. Meals for overnight trip will be reimbursed at 75% of \$36.00 for the 1st day of travel, Interim days will be reimbursed at \$36.00 per day, and the last day of travel will be reimbursed at 75% of \$36.00. Original receipts are required at time of settlement. Maximum reimbursement for meals is not to exceed \$27.00 on same day trip/1st day and last day of travel or \$36.00 for interim days of travel
Mileage	Advancement is based on the number of miles provided by MapQuest.com. Odometer readings are required for settlement voucher. If odometer reading is less than MapQuest, difference is owed to United ISD. If odometer reading is more than MapQuest, maximum reimbursement allowable is up to MapQuest advancement.
Cost of Lodging	Enter the number of nights you will be away from the District on business and multiply by the actual or estimated cost per night. If the cost is estimated, claimant may be due additional payment or may have to reimburse the District based on the actual receipt for lodging expenses (room cost only). Reimbursement may not exceed amount listed on the U.S. General Service Administration (GSA) website. If city is not listed, use county, if county not listed then use \$85.00 per night. Itemized receipts are required at time of settlement.
Transportation Fees	Payment /reimbursement is made on actual costs with receipts required up to maximum allowable.
Registration Fees	Payment/reimbursement is made on actual costs with receipts required.
Settlement Voucher	Must be settled with an Official School Business Travel Settlement Voucher.
Students Meals	Refers to the cost of meals for secondary student group travel. A signed list of students participating in the travel is required Form 890-01'
Approval	Form must be signed by the claimant and approved by their immediate Supervisor, Executive Director of Elementary/Secondary or Dir.of Sp.Ed., and Superintendent. (Only original form should be submitted to the Accounting Department)
Funding Sources	Enter the account number to which the expenditures are to be charged. Without this number, the travel will not be approved. Alternate funding source will require an additional signature.
Purchase Requisitions	Form(s)are required only if payment is made to a vendor or company rather than the claimant.

TEA REQUIREMENTS

Travel costs must be properly documented to be reimbursable. The employee must document travel costs with a travel voucher or other comparable documentation. Documentation must include the following at a minimum:

- Name of the individual claiming travel reimbursement
- Destination and purpose of the trip, including how it was necessary to accomplish the objectives of the grant project
- Dates of travel
- Actual mileage (not to exceed reimbursement at the maximum allowable rate)
- Actual amount expended on Lodging per day with a receipt attached (may not exceed the max allowable)
- Actual amount expended on public transportation, such as taxis and shuttles
- Actual amount expended on rental car with receipt, with receipt attached and justification for why a rental car was necessary and how it was more cost effective than alternate transportation; receipts for any gasoline purchased for the rental car must be attached (mileage is not reimbursed for a rental car - only the cost for gasoline is reimbursed)
- Actual amount expended on incidental, such as hotel taxes, copying of materials, and other costs associated with the travel
- Total amount reimbursed to the employee

**United Independent School District
Official School Business Travel Settlement Voucher**

This form must be turned in within 5 working days from return date

Employee Name: _____		Date: _____	
Employee #/Vendor I.D.#: _____		Home Address: _____	
		Zip Code _____	
Dept. /Campus: _____		Traveled To: _____	
Date Departed: _____	Time: _____	Date Returned: _____	Time: _____

***Note: Meal Allowances for same day travel (departing and returning on the same day) are taxable to the employee and allowance will be added to employee's W2 Form as per IRS Code.**

Same Day Travel or Departure	_____ X _____	QTY	Original receipts required, Max allowable \$27.00	A) \$ _____	-
Interim Travel Day(s)	_____ X _____	QTY	Original receipts required, Max allowable \$36.00 per day	B) \$ _____	-
Return	_____ X _____	QTY	Max allowable \$27.00	C) \$ _____	-

GSA report is required on original travel request

Cost of Lodging (Itemized Receipt Req. _____ X _____ = (Room Rate May Not Exceed GSA per diem rate) \$ _____ -
of nights Room Rate

City Tax: _____ X _____ X _____ = (Exempt from State Tax) E) \$ _____ -
(Room Rate) X Tax % X # of nights

Shared room with: _____

Miscellaneous Expenses: (Receipts Required)

\$ _____	
\$ _____	
\$ _____	
Total Miscellaneous Expenses: F) \$ _____ -	

***Mileage reimbursement is based on odometer readings, if odometer reading is greater than MapQuest, than use amount on advancement**

Mileage Advancement: (amount paid on original travel) \$ _____

Odometer Reading _____ to _____ X **.50** per mile = \$ _____ -
Start Ending

If odometer reading total is less than mileage advancement difference is due to UISD; If odometer reading total is more, than use advanced amount \$ _____ - **G) \$ _____ -**

Students Meals:* _____ X _____ X _____ = **H) \$ _____ -**
Money Given to Students (# Students) (\$ amount per meal) (# of meals)

***An Initialed Student List Must Be Attached (Form 890-011)**

(A)+(B)+(C)+(D)+(E)+(F)+(G)+(H) **TOTAL EXPENDITURES \$ _____ -**

Advance Payment: UISD Check # _____ Date: _____ **Less Total Advance** _____

Amount Due to Employee/ Amount Due to UISD \$0.00

All employees shall be required to submit travel- related expense receipts within five (5) business days of their return from a District-related trip. An employee that fails to turn in their receipts for any travel-related expenses on two (2) separate occasions in a school/work year shall not be advanced any travel monies by the District on a subsequent District-related business trip and shall be required to submit a request for reimbursement of their travel-related expenses upon their return from the District-related business trip.

Explanations:(Remarks):	Fund Year	Func	Org	Prg. Code	Local Option	Obj	Sub Obj	Total
For Accounting Office Use Only								
Computed by _____							Date _____	
Immediate Supervisor _____							Date _____	
							Accounting Assistant _____	Date _____
							Budget Accountant/Federal Programs _____	Date _____



Request For Bus Transportation

"Transporting America's Future"

SCHOOL INFORMATION

School: _____ Date: _____

Contact Person: _____ Phone: _____

Conference Time: _____

Sponsor Requesting Transportation

Sponsor's Signature

FIELD TRIP INFORMATION

Destination

Charge to Budget Code

Purpose of Trip

Loading Zone

Departure Date: _____

Departure Time: _____ a.m.
 p.m.
(after 9:00 a.m. or after 5:00 p.m.)

Return Date: _____

Return Time: _____ a.m.
 p.m.
(before 2:00 p.m. for daytime trips)

Group To Be Transported

No. of Students: _____ No. of Adults: _____

Type of Vehicle Requested _____ No. of Vehicles Requested: _____

Is this an overnight trip? Yes No

Is this a drop & return trip? Yes No

Drop Off Time _____ Return Time _____

Is a Bus Driver Requested? Yes No If yes, name of Driver: _____

Approval: Principal/Immediate Supervisor's Signature _____ Date _____

Approval: Exec. Director/Program Director's Signature (if required) _____ Date _____

SPECIAL INSTRUCTIONS: _____

**NOTE: THIS REQUEST MAY BE FAXED TO (956) 473-6260
PLEASE MAKE A COPY OF THIS REQUEST AND RETAIN FOR YOUR RECORDS!**

UNITED INDEPENDENT SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT

EXTRA-CURRICULAR TRIP SPONSOR RESPONSIBILITIES

Please read the following DISTRICT POLICY before requesting transportation:

REQUISITIONS: - Bus requisitions must be in the Transportation Office **two (2) weeks PRIOR** to the trip. **No vehicle will leave** on an extra-curricular trip without a bus requisition. All requisitions must be completely filled out, with **budget code**, required signatures/approval, etc. When indicating the departure and return times make sure that you specify **A.M or P.M.** **Field trips can not be scheduled for departure before 9:00 a.m. or before 5:00 p.m unless approved by Director of Transportation.** **Daytime field trips must return to point of origin before 2:00 p.m. or wait to be picked up after the assigned driver completes his/her daily academic route.** Field trip request forms submitted with incomplete or unreadable information will delay processing. To expedite processing, **FAX** your request to 473-6260.

DESTINATIONS - All destinations should be made known to the bus driver in advance. Sponsor is responsible for assisting bus driver in locating a destination. An itinerary should be provided for overnight trips.

ARRANGEMENTS - Sponsors are responsible for ticket and lodging arrangements for the drivers. Transportation personnel should have a separate room from the students and sponsors. Meal money will be requested by the Transportation Department and given to the driver according to district reimbursement policy.

SPEED LIMIT- All speed limits will be strictly adhered to by bus driver. The maximum speed limit for school buses is 50 MPH. The driver should not be expected to make up time lost due to late departure or poor trip planning.

RESPONSIBILITIES

SPONSOR: It is the sponsor's responsibility to take care of all students and their property, to see that students follow bus rider rules, and to see that the bus is left clean and orderly at the end of the trip. Cold drinks may be taken in cans and placed in boxes with lids or in coolers with lids. Sponsor must ensure that aisles are not obstructed and that cans do not roll freely. Sponsor **MUST CALL** one (1) day in advance to **verify** the trip.

BUS DRIVER: It is the driver's responsibility to drive safely and to take care of the bus. If the sponsor is incapable of handling discipline problems, it may become necessary for the driver to take charge. The driver should first discuss the problem with the sponsor and give the sponsor the opportunity to resolve the problem. If the sponsor cannot or will not do so, the driver is then to take appropriate action to correct the situation and notify school officials upon completion of the trip.

STUDENT: All students have the right to a safe and pleasant trip to and from school and on school sponsored trips. We believe all students can behave appropriately and safely while riding on a school bus. We can not tolerate any student interfering with drivers and paraprofessionals doing their jobs, and we continuously work toward protecting each passenger's right to a safe ride. Students shall comply with the Student Code of Conduct at all times, while they are under the jurisdiction of the school district.

SPONSORS SHOULD KEEP A COPY OF THIS FORM FOR REFERENCE.



UNITED INDEPENDENT SCHOOL DISTRICT PARENTAL RELEASE AND PERMISSION

Dear Parents,

Our school (organization) is planning a trip for our students. Details for this trip are as follows:

School group taking trip: _____

Date of trip: _____

Purpose of trip: _____

Report to: _____ Departure Time: _____

Return to campus – Date: _____ Time: _____

Money for meal(s) per student \$ _____ for _____ meal(s)

Movie Title: _____ Rating: _____

Students will be under the supervision of _____ sponsors.

RELEASE

I release, acquit and forever discharge UNITED INDEPENDENT SCHOOL DISTRICT, its board members, officers, directors, and employees from any and all claims arising out of any accident that may occur during the course of the above mentioned field trip to be taken by my child. I further agree to hold harmless the UNITED INDEPENDENT SCHOOL DISTRICT and its board members, officers, directors, agents, and employees from any and all losses, costs, or expenses incurred as a result of any accident or injury that may occur during the course of the above mentioned field trip to be taken by my child.

_____ has my permission to go to _____
Student Name Field Trip

on _____ describe in the above paragraphs, which I understand and to
Date

which I agree. I have read and understand this PARENTAL RELEASE AND PERMISSION, and by my signature below agree to such RELEASE AND PERMISSION.

Signature of Parent or Guardian

PLEASE KEEP THE ATTACHED ITINERARY!

Date

It is the policy of United I.S.D. not to discriminate on the basis of race, color, national origin, sex, or handicap in its programs, services, or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.



UNITED INDEPENDENT SCHOOL DISTRICT

FORMA DE RENUNCIA Y PERMISO

Estimados Padres:

Nuestra escuela (organización) está planeando un viaje para nuestros estudiantes. Detalles de este viaje son los siguientes:

Grupo de estudiantes participando en este viaje: _____

Fecha del viaje: _____

Motivo del viaje: _____

Reportarse con: _____ Hora de Salida: _____

Regreso a la escuela – Fecha: _____ Hora: _____

Dinero que necesita al estudiante por comida \$ _____ Número de comidas _____

El Título de la Película: _____ Clasificación: _____

El estudiante estará bajo la supervisión de: _____

RENUNCIA

Yo renuncio y absuelvo todo cargo al DISTRITO INDEPENDIENTE UNITED, a los miembros de la Mesa Directiva, oficiales, directores y empleados de todo y cualquier cargo que resulte en algún accidente que pueda ocurrir durante el curso del viaje mencionado arriba en el cual mi hijo/a participe. Además, no culpará al DISTRITO INDEPENDIENTE UNITED, a los miembros de la Mesa Directiva, oficiales, directores y empleados de cualquier pérdida, costo o gastos incurridos como resultado de cualquier accidente que pueda ocurrir durante el curso del viaje mencionado en el cual mi hijo/a participe.

_____ tiene mi permiso de ir a _____
Nombre del Estudiante Lugar del Viaje

el día _____ descrito en el párrafo mencionado arriba el cual yo entiendo
Fecha

y estoy de acuerdo. He leído y entendido esta forma de RENUNCIA Y PERMISO y por mi firma
abajo estoy de acuerdo con dicha RENUNCIA Y PERMISO.

Signature of Parent or Guardian

Date

UNITED INDEPENDENT SCHOOL DISTRICT

STUDENT TRAVEL AGREEMENT OF CONDUCT

I SHALL

- obey the student code of conduct in addition to any campus rules of discipline
- not possess or use tobacco, illegal drugs, or alcohol
- remain at all times with assigned teacher sponsor or adult chaperone
- not change buses
- adhere to the UISD Student Bus Rider Handbook
- secure transportation home upon arrival back on campus

IF TRIP IS OUT-OF-TOWN, I SHALL ALSO:

- not use swimming pools or water parks, or any type of recreational water activity, unless prior approval has been granted by the principal
- keep 11:00 p.m. curfew
- not leave the lodging area unless accompanied by a designated sponsor or chaperone or special permission
- be allowed to socialize in rooms provided the following are observed:
 - * doors are kept open
 - * the noise level must be kept low so other guests are not disturbed
 - * once the curfew arrives, students return to their designated rooms

**** I HAVE DISCUSSED THESE RULES AND RESPONSIBILITIES WITH MY STUDENTS.**

SPONSOR SIGNATURE: _____

DATE: _____

Signing this contract indicates reading and understanding and agreeing to follow the above-mentioned rules and accepting the consequences.

STUDENT NAME: _____

STUDENT SIGNATURE: _____ DATE: _____

STUDENT I.D. : _____

UNITED INDEPENDENT SCHOOL DISTRICT STUDENT MEDICAL TREATMENT CARD FIELD TRIP/OUT OF TOWN EVENTS

HEALTH INSURANCE INFORMATION:	
Insurance Name: _____	
Policy Holder: _____	
Group #: _____	
Policy #: _____	

SCHOOL _____

GRADE _____ HOME ROOM TEACHER _____

BIRTH DATE _____

EVENT: _____ DATE _____

STUDENT'S NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____ HOME PHONE _____

CITY _____ ZIP _____

TO THE PARENT OR LEGAL GUARDIAN: To serve your child in case of an accident, sudden illness or other need for immediate medical treatment, it is necessary that you indicate your consent to such treatment by your signature below. Further, we request that you provide the following information:

MOTHER/GUARDIAN'S NAME _____ PLACE OF EMPLOYMENT _____

ADDRESS _____ BUSINESS PHONE _____

FATHER GUARDIAN'S NAME _____ PLACE OF EMPLOYMENT _____

ADDRESS _____ BUSINESS PHONE _____

CONSENT FOR MEDICAL TREATMENT: According to the Family code §35.01, consent for medical treatment may be given by a parent or any of the following persons when the parents cannot be contacted: a grandparent, an adult brother or sister, an adult aunt or uncle. Please list below family members who may be contacted in the event you are not available.

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Written consent can be given to any adult who has care and control of the minor child. I hereby authorize the following persons to give consent for medical treatment for my child if contacted by the school when relatives are not available.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

HEALTH INFORMATION: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems or any chronic condition, etc.

Explanation: _____

Doctor: (First Choice) _____ Telephone No _____

Doctor: (Second Choice) _____ Telephone No _____

Hospital Choice: _____ Telephone No _____

I, the undersigned, do hereby authorize officials of the UNITED INDEPENDENT SCHOOL DISTRICT to contact directly the persons named on this card, and do authorized the named physician(S) to render such treatment as may be deemed necessary, for the health of said child.

In the event physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

_____ Date

_____ Signature of Parent or Guardian

**HEALTH INSURANCE
INFORMATION:**

Insurance Name: _____

Policy Holder: _____

Group #- _____

Policy # _____

**DISTRITO ESCOLAR INDEPENDIENTE DE UNITED
TARJETA DE TRATAMIENTO MEDICO
VIAJE ESCOLAR/EVENTOS ESCOLARES**

ESCUELA _____

GRADO _____ MAESTRO DE PLANTA _____

FECHA DE NACIMIENTO _____

EVENTO: _____ FECHA: _____

NOMBRE DE ESTUDIANTE _____
APELLIDO PRIMER NOMBRE SEGUNDO NOMBRE (INICIAL)

DIRECCION _____ NUMERO DE TELEFONO _____

CIUDAD _____ CODIGO POSTAL _____

PARA LOS PADRES O GUARDIANES: Para mejor servirle a sus hijos en caso de accidente e enfermedad repentina a alguna otra necesidad para tratamiento médico inmediato, es necesario que indique con su firma al consentimiento de tal tratamiento. También le pedimos que nos provea con la siguiente información.

MADRE/GUARDIAN'S NOMBRE _____ LUGAR DE EMPLEO _____

DIRECCION _____ TELEFONO DE EMPLEO _____

PADRE/GUARDIAN'S NOMBRE _____ LUGAR DE EMPLEO _____

DIRECCION _____ TELEFONO DE EMPLEO _____

CONSENTIMIENTO PARA TRATAMIENTO MEDICO: Según el código familiar §35.01. Consentimiento para tratamiento médico debe de ser aprobado por los padres de familia o alguna de las siguientes personas cuando no se pueda comunicar con los padres: los abuelos, un hermano (adulto), un tío o tia (adulto). Favor de poner en la lista los miembros de la familia a los cuales la escuela pueda comunicarse.

Nombre _____ Teléfono _____

Dirección _____ Relación _____

Nombre _____ Teléfono _____

Dirección _____ Relación _____

Consiento por escrito el poder otorgar a un adulto que tenga cuidado y control del menor de edad (niño). Yo autorizo a las siguientes personas a dar consentimiento de tratamiento médico para mi hijo/hija en caso de que llame a la escuela si yo no estoy disponible.

Nombre _____ Dirección _____ Teléfono _____

Nombre _____ Dirección _____ Teléfono _____

INFORMACION DE SALUD: Mencione cualquier enfermedad que existe como las siguientes enfermedades: Enfermedad del corazón, diabetes, epilepsia, alergias, problemas de los ojos y de los oídos a cualquier enfermedad crónica.

Explicación: _____

Doctor: (Primera preferencia) _____ Teléfono _____

Doctor: (Segundo preferencia) _____ Teléfono _____

Preferencia de Hospital: _____ Teléfono _____

Yo, autorizo a los oficiales de Distrito Escolar Independiente de United que se pongan en contacto directamente, con las personas que se mencionan en esta tarjeta y doy mi autorización a los doctores cuyos nombres se mencionan para que examinen a mi hijo(a) según lo consideren necesario en una emergencia, por la salud de dicha persona.

En caso de que los doctores o personas mencionadas en esta tarjeta o los padres no se les pueda localizar, los oficiales escolares están autorizados para tomar cualquier acción necesaria, según lo consideren conveniente para la salud de la persona antes mencionada.

Yo no le haré responsable al distrito escolar por las obligaciones financieras por el cuidado de emergencia o transporte al hospital de dicha persona.

Fecha

Firma do Padre or Tutor

UISD Form No. 881-009-S
November 2002



UNITED INDEPENDENT SCHOOL DISTRICT

PARENTAL WAIVER OF DISTRICT TRANSPORTATION AND LIABILITY

THIS FORM IS TO BE USED WHEN PARENTS WISH TO DECLINE DISTRICT TRANSPORTATION FOR THEIR CHILD AND MAKE THEIR OWN TRANSPORTATION ARRANGEMENTS

United Independent School District ("District") policy requires students attending off campus activities be transported in district vehicles. Parent/Guardian may request to decline district transportation and provide alternate means of transportation to the off-campus activity. The request requires approval of the Campus Principal. This must be done by a parent/guardian submitting this completed form to the Campus Principal at least forty-eight (48) hours prior to the school approved off-campus activity. If you are requesting this alternative please complete the form below:

Board of Trustees

Pat Campos
President
District 3

Juan Antonio Molina, Jr.
Vice-President
District 4

Juan Roberto Ramirez
Secretary
District 6

Ricardo Molina, Sr.
Parliamentarian
District 1

Ricardo Rodriguez
Member
District 2

William "Bill" Johnson
Member
District 5

Judd Gilpin
Member
District 7

Roberto J. Santos
Superintendent

I am requesting approval to provide my own transportation for my child:

Name of Child: _____

Name of Activity: _____

Date of Activity: _____

Please check the appropriate box:

- I WILL BE PROVIDING ROUND TRIP TRANSPORTATION FOR MY CHILD
- I WILL BE PROVIDING TRANSPORTATION TO THE EVENT ONLY
- I WILL BE PROVIDING TRANSPORTATION FROM THE EVENT ONLY

Therefore, in consideration of this transportation arrangement, I waive any claim of liability or responsibility and covenant not to sue United Independent School District, its board members, officers, directors, agents, representatives, and employees in the event of an accident causing injury to the above named student which may result from such transportation. I further release, acquit and forever discharge United Independent, its board members, officers, directors, agents, representatives, and employees from any and all claims that may be asserted by my child arising out of any accident which may result from such transportation. I further agree on behalf of myself and my child to defend, indemnify and hold harmless the United Independent School District, its board members, officers, directors, agents, representatives, and employees from any and all losses, costs, or expenses, incurred as a result of any accident or injury that may occur to my child as a result from such transportation.

PARENT OR GUARDIAN
PRINTED NAMED

Date

PRINCIPAL'S SIGNATURE

Date

SIGNATURE OF PARENT OR GUARDIAN

SCHOOL

It is the policy of United I.S.D. not to discriminate on the basis of race, color, national origin, sex, or handicap in its programs, services, or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.

201 Lindenwood Drive
Laredo, Texas 78045
Phone: (956) 473-6219
Facsimile: (956) 728-8691



UNITED INDEPENDENT SCHOOL DISTRICT

EXENCIÓN DE LOS PADRES DE FAMILIA PARA LA TRANSPORTACIÓN Y RESPONSABILIDAD DEL DISTRITO

ESTE FORMULARIO SE UTILIZARÁ CUANDO LOS PADRES DE FAMILIA SE REHÚSEN A UTILIZAR EL TRANSPORTE DEL DISTRITO PARA SU HIJO Y DESEEN HACER LOS ARREGLOS NECESARIOS PARA PROVEER SU PROPIO TRANSPORTE

La política de United Independent School District ("Distrito") requiere que los estudiantes que participen en actividades fuera del plantel sean transportados en vehículos del distrito. El padre/tutor puede optar por declinar el uso de transporte del distrito y proveer un medio de transporte alternativo hasta donde se lleve a cabo esta actividad. La petición requiere de la aprobación del director escolar. Esta debe llevarse a cabo por parte del padre/tutor al entregar este formulario con los datos pertinentes al director escolar al menos cuarenta y ocho (48) horas antes de que se realice la actividad fuera de la escuela. Si usted solicita esta alternativa por favor llene el siguiente formulario:

Board of Trustees

Pat Campos
President
District 3

Juan Antonio Molina, Jr.
Vice-President
District 4

Juan Roberto Ramirez
Secretary
District 6

Ricardo Molina, Sr.
Parliamentarian
District 1

Ricardo Rodriguez
Member
District 2

William "Bill" Johnson
Member
District 5

Judd Gilpin
Member
District 7

Roberto J. Santos
Superintendent

Solicito la aprobación para proveer mi propio transporte para mi hijo:

Nombre del estudiante: _____

Nombre de la actividad: _____

Fecha de la actividad: _____

Por favor marque el espacio apropiado:

- PROVEERÉ TRANSPORTE DE IDA Y VUELTA PARA MI HIJO
- PROVEERÉ TRANSPORTE SOLAMENTE HACIA EL EVENTO
- PROVEERÉ TRANSPORTE SOLAMENTE DESDE EL EVENTO

Por lo tanto, en consideración de este acuerdo de transportación, libero de toda responsabilidad y acuerdo no demandar a United Independent School District, miembros de su mesa directiva, oficiales, directores, agentes, representantes y empleados en caso de un accidente que cause alguna lesión al estudiante anteriormente mencionado, como resultado de tal transportación. También libero, absuelvo y exonero en todo momento a United Independent, miembros de su mesa directiva, oficiales, directores, agentes, representantes y empleados de cualquier y de todo reclamo que pueda presentar mi hijo y que surja de cualquier accidente como resultado de tal transportación. También acuerdo por mi parte y por la de mi hijo defender, desagraviar y exentar de toda responsabilidad a United Independent School District, miembros de su mesa directiva, oficiales, directores, agentes, representantes y empleados de cualquier y de toda pérdida, costo o gastos, a los que hayan incurrido como resultado de algún accidente o lesión que pueda ocurrir a mi hijo al utilizar dicha transportación..

NOMBRE DEL PADRE O TUTOR
EN LETRA DE IMPRENTA

FIRMA DEL PADRE O TUTOR

Fecha

FIRMA DEL DIRECTOR

ESCUELA

Fecha

201 Lindenwood Drive
Laredo, Texas 78045
Phone: (956) 473-6219
Facsimile: (956) 728-8691

Es norma de United I.S.D. el no discriminar por motivos de raza, color, origen nacional, sexo o impedimento, en sus programas, servicios o actividades, tal como lo requieren el Título VI de la Ley de Derechos Civiles de 1964, según enmienda; el Título IX de las Enmiendas en la Educación de 1972, y la Sección 504 de la Ley de Rehabilitación de 1973, según la enmienda.



TRANSMITTAL LIST MONEY COLLECTED FROM STUDENTS

CAMPUS: _____

SPONSOR: _____

Print Name

CLUB: _____

DATE: _____ ROOM #: _____

PURPOSE: _____

	STUDENT NAME	AMOUNT	STUDENT SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			

TOTAL COLLECTED: \$ _____ RECEIPT NUMBER: _____

Sponsor Signature/Date

Bookkeeper Signature/Date



TRANSMITTAL LIST MONEY DISBURSED TO STUDENTS

CAMPUS: _____

SPONSOR: _____
Print Name

CLUB: _____

DATE: _____ ROOM #: _____

PURPOSE: _____

	STUDENT NAME	AMOUNT	STUDENT SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			

TOTAL DISBURSED: \$ _____

CHECK NUMBER: _____

Sponsor Signature/Date

Bookkeeper Signature/Date



UNITED INDEPENDENT SCHOOL DISTRICT
SCHOOL HEALTH PROGRAM

REQUEST FOR ADMINISTRATION OF MEDICATION
School Year 20____ - 20____

Parents (Please Complete)

Student _____ School _____ DOB _____

ID # _____ Unit/Grade _____ Teacher _____

Parents _____ Address _____

Home Phone _____ Emergency/Employment Phone _____

I authorized United Independent School District to Administer the prescribed medication(s) listed below.

Signature of Parent/Guardian

Date

Physician (Please Complete)

I am prescribing the following medication(s) for _____
Students' name (please print)

Medication # 1 _____

Dosage/Frequency _____

Side effects _____

Medication # 2 _____

Dosage/Frequency _____

Side effects _____

Physician Signature

Physician Name (Please Print)

Telephone _____

Date _____

MEDICATION(S) WILL BE HAND DELIVERED TO _____ IN A PROPERLY LABELED PRESCRIPTION CONTAINER. THE ABOVE MEDICATION(S) MAY NOT BE SCHEDULED FOR OTHER THAN SCHOOL HOURS. UNLICENSED PERSONAL DESIGNATED BY THE SCHOOL ADMINISTRATOR MAY ADMINISTER MEDICATION(S). IF MORE THAN 2 MEDICATIONS ARE TO BE ADMINISTERED, AN ADDITIONAL FORM IS REQUIRED.



UNITED INDEPENDENT SCHOOL DISTRICT
SCHOOL HEALTH PROGRAM

SOLICITUD PARA DAR MEDICINA
AÑO ESCOLAR _____ - _____

Padres de Familia (Favor de llenar)

Estudiante _____ Escuela _____ Fecha de nacimiento _____

Unidad/Grado _____ Maestro(a) _____

Padres _____ Dirección _____

Teléfono de casa _____ Teléfono de trabajo/emergencia _____

Autorizo a United Independent School District para dar la medicina indicada.

Firma del Padre o Guardian

Fecha

Médico (Favor de llenar)

I am prescribing the following medications(s) for _____
Students' name (please print)

Medicina # 1 _____

Instrucciones/Frecuencia _____

Efectos _____

Medicina # 2 _____

Instrucciones/Frecuencia _____

Efectos _____

Firma Del Médico

Nombre del Médico (Letra de molde)

Telefono

Fecha

LA MEDICINA SE ENTREGA PERSONALMENTE A _____ EN UN ENVASE DE MEDICINA CON LA ETIQUETA NECESARIA. SERA ADMINISTRADA DURANTE LAS HORAS ESCOLARES. LA MEDICINA SE PUEDE DAR POR UNA PERSONA NO ENTRENADA EN MEDICINA Y DESIGNADA POR EL ADMINISTRADOR DE LA ESCUELA. SE NECESITA OTRO PERMISO PARA DAR ALGUN OTRO MEDICAMENTO.

STUDENT ACTIVITIES
TRAVEL

FMG
(LOCAL)

SCHOOL-SPONSORED
TRIPS IN GENERAL

Students who must travel to participate in school-sponsored activities shall ride in transportation provided by the school to and from the event. In the event school-provided transportation is not available, or the parent elects an alternate mode of transportation for the student, the appropriate alternate travel release form must be submitted to the sponsor for approval.

The District shall not be liable for any injuries that occur to students riding in vehicles that are not provided by the school.

All student travel shall have prior approval of the principal, the athletic director, or appropriate executive director.

OVERNIGHT TRIPS

The Superintendent may permit students to take school-sponsored overnight trips for the following purposes:

1. Instructional purposes (field trips and excursions).
2. Activities of school-sponsored or -sanctioned clubs or organizations.
3. UIL or other sanctioned competitions.

OUT-OF-STATE TRIPS

The Superintendent may also permit students to take out-of-state school-sponsored trips for the following purposes:

1. Instructional purposes (field trips and excursions).
2. Activities of school-sponsored or -sanctioned clubs or organizations.
3. UIL or other sanctioned competitions.

Travel out of the state or country shall be approved by the appropriate executive director, the principal, and the Superintendent. Out-of-country trips shall also require Board approval. Approval shall be requested at least 30 days prior to planned departure date, except under extenuating circumstances, and no funds shall be expended until approval of travel is granted.

All trips outside the state shall meet administrative guidelines and shall be approved before any fund-raising activities are planned or held. All plans and preparations for such trips or events shall remain tentative until final approval is received.

PERMISSION SLIPS

An approved permission form shall be signed by a parent/guardian prior to a student's participation in a school-sponsored trip. For a student to participate, District employees who are acting as sponsors are responsible for obtaining a signed form for each student prior to the trip.

STUDENT ACTIVITIES
TRAVEL

FMG
(LOCAL)

TRAVEL SUPERVISION School-sponsored trips shall be supervised by at least one District employee. At least one adult sponsor or volunteer for every ten students shall accompany students and help provide supervision. Adult sponsors and volunteers who are not District employees shall be recruited at the earliest possible date. All adult sponsors and volunteers shall be cleared as "parent volunteers" prior to supervising, and must comply with all District requirements and guidelines. [See GKG(LOCAL)]

REASONS

The recommendation to the Board and its decision not to renew a contract under this policy shall not be based on an employee's exercise of Constitutional rights or based unlawfully on an employee's race, color, religion, sex, national origin, disability, or age. Reasons for proposed nonrenewal of an employee's term contract shall be:

1. Deficiencies pointed out in observation reports, appraisals or evaluations, supplemental memoranda, or other communications.
2. Failure to fulfill duties or responsibilities.
3. Incompetency or inefficiency in the performance of duties.
4. Inability to maintain discipline in any situation in which the employee is responsible for the oversight and supervision of students.
5. Insubordination or failure to comply with official directives.
6. Failure to comply with Board policies or administrative regulations.
7. Excessive absences.
8. Conducting personal business during school hours when it results in neglect of duties.
9. Reduction in force because of financial exigency or program change. [See DFF]
10. A decision by a campus intervention team that the employee not be retained at a reconstituted campus. [See AIC]
11. The employee is not retained at a campus that has been repurposed in accordance with law. [See AIC]
12. Drunkenness or excessive use of alcoholic beverages; or possession, use, or being under the influence of alcohol or alcoholic beverages while on school property, while working in the scope of the employee's duties, or while attending any school- or District-sponsored activity.
13. The illegal possession, use, manufacture, or distribution of a controlled substance, a drug, a dangerous drug, hallucinogens, or other substances regulated by state statutes.
14. Failure to meet the District's standards of professional conduct.
15. Failure to report any arrest, indictment, conviction, no contest or guilty plea, or other adjudication for any felony, any crime

involving moral turpitude, or other offense listed at
DH(LOCAL). [See DH]

16. Conviction of or deferred adjudication for any felony, any crime involving moral turpitude, or other offense listed at DH(LOCAL); or conviction of a lesser included offense pursuant to a plea when the original charged offense is a felony. [See DH]
17. Failure to comply with reasonable District requirements regarding advanced coursework or professional improvement and growth.
18. Disability, not otherwise protected by law, that prevents the employee from performing the essential functions of the job.
19. Any activity, school-connected or otherwise, that, because of publicity given it, or knowledge of it among students, faculty, and community, impairs or diminishes the employee's effectiveness in the District.
20. Any breach by the employee of an employment contract or any reason specified in the employee's employment contract.
21. Failure to maintain an effective working relationship, or maintain good rapport, with parents, the community, or colleagues.
22. A significant lack of student progress attributable to the educator.
23. Behavior that presents a danger of physical harm to a student or to other individuals.
24. Assault on a person on school property or at a school-related function, or on an employee, student, or student's parent regardless of time or place.
25. Use of profanity in the course of performing any duties of employment, whether on or off school premises, in the presence of students, staff, or members of the public, if reasonably characterized as unprofessional.
26. Falsification of records or other documents related to the District's activities.
27. Falsification or omission of required information on an employment application.
28. Misrepresentation of facts to a supervisor or other District official in the conduct of District business.

29. Failure to fulfill requirements for certification, including passing certification examinations required by state law for the employee's assignment.
30. Failure to achieve or maintain "highly qualified" status as required for the employee's assignment.
31. Failure to fulfill the requirements of a deficiency plan under an Emergency Permit, a Special Assignment Permit, or a Temporary Classroom Assignment Permit.
32. Any attempt to encourage or coerce a child to withhold information from the child's parent or from other District personnel.
33. Any reason that makes the employment relationship void or voidable, such as a violation of federal, state, or local law.
34. Failure of a retired/rehired employee to meet the criteria for continued employment as set forth at DC(LOCAL).
35. Any reason constituting good cause for terminating the contract during its term.

RECOMMENDATIONS
FROM
ADMINISTRATION

Administrative recommendations for renewal or proposed nonrenewal of professional employee contracts shall be submitted to the Superintendent. Each administrator's recommendation for nonrenewal shall be accompanied by copies of all pertinent information necessary to a decision to recommend proposed nonrenewal. The final decision on the administrative recommendation to the Board on each employee's contract rests with the Superintendent.

SUPERINTENDENT'S
RECOMMENDATION

The Superintendent shall prepare lists of employees whose contracts are recommended for renewal or proposed nonrenewal by the Board. Supporting documentation, if any, and reasons for the recommendation shall be submitted for each employee recommended for proposed nonrenewal.

The Board shall consider such information, as appropriate, in support of recommendations for proposed nonrenewal and shall then act on all recommendations. If the Board votes to propose nonrenewal for any employees, it shall also decide whether any requested hearing will be conducted by the Board or by an independent hearing examiner.

NOTICE OF
PROPOSED
NONRENEWAL

The Superintendent shall deliver to the employee by hand or certified mail, return receipt requested, written notice of proposed nonrenewal not later than the 45th day before the last day of instruction required in the contract.

If the notice of proposed nonrenewal does not contain a statement of the reason or all of the reasons for the proposed action, and the

employee requests a hearing, the District shall give the employee notice of all reasons for the proposed nonrenewal, a reasonable time before the hearing.

In the notice of proposed nonrenewal, the employee shall receive notice of whether the Board [see HEARING BY THE BOARD, below] or an independent hearing examiner [see HEARING BY A HEARING EXAMINER, below] will conduct the hearing.

HEARING BY A
HEARING EXAMINER

If the Board has determined that the nonrenewal hearing will be conducted by an independent hearing examiner, the employee must file a written request with the Commissioner of Education not later than the 15th day after receiving the notice of the proposed nonrenewal. The employee must provide a copy of this request to the Board.

HEARING
PROCEDURE

The hearing shall be conducted in accordance with the independent hearing procedures detailed at DFD.

BOARD DECISION

Following the hearing, the Board shall take appropriate action in accordance with DFD.

HEARING BY THE
BOARD

If the Board has chosen to conduct the nonrenewal hearing rather than use an independent hearing examiner, and the employee desires a hearing, the employee shall notify the Board in writing not later than the 15th day after receiving the notice of proposed nonrenewal. The hearing shall be held not later than the 15th day after receipt of the employee's request for a hearing, unless the parties mutually agree to a delay. The employee shall be given notice of the hearing date as soon as it is set.

HEARING
PROCEDURE

Unless the employee requests that the hearing be open, the hearing shall be conducted in closed meeting with only the members of the Board, the employee, the Superintendent, their representatives, and such witnesses as may be called in attendance. Witnesses may be excluded from the hearing until called to present evidence. The employee and the administration may choose a representative. Notice, at least five days in advance of the hearing, shall be given by each party intending to be represented, including the name of the representative. Failure to give such notice may result in postponement of the hearing.

The conduct of the hearing shall be under the presiding officer's control and shall generally follow the steps listed below:

1. After consultation with the parties, the presiding officer shall impose reasonable time limits for presentation of evidence and closing arguments.

2. The hearing shall begin with the administration's presentation, supported by such proof as it desires to offer.
3. The employee may cross-examine any witnesses for the administration.
4. The employee may then present such testimonial or documentary proof, as desired, to offer in rebuttal or general support of the contention that the contract be renewed.
5. The administration may cross-examine any witnesses for the employee and offer rebuttal to the testimony of the employee's witnesses.
6. Closing arguments may be made by each party.

A record of the hearing shall be made so that a certified transcript can be prepared, if required.

BOARD DECISION

The Board may consider only evidence presented at the hearing. After all the evidence has been presented, if the Board determines that the reasons given in support of the recommendation to not renew the employee's contract are lawful, supported by the evidence, and not arbitrary or capricious, it shall so notify the employee by a written notice not later than the 15th day after the date on which the hearing is concluded. This notice shall also include the Board's decision on renewal, which decision shall be final.

NO HEARING

If the employee fails to request a hearing, the Board shall take the appropriate action and notify the employee in writing of that action not later than the 30th day after the date the notice of proposed nonrenewal was sent.