Extended Field Trip Checklist (They can be located on your MIHS Shared Folder)

BEFORE: The following forms need to be submitted to Nick Wold 28 days before your trip. Extended Field Trips are trips that are either overnight or are single day trips that are located further than 75 miles of the school.

1. Extended Field Trip Application Form (Form 2321F1)
2. Write SAMPLE across top of Extended Field Trip Parent Permission (Original Form 2321F2’s signed by parent are retained by the staff member and taken on the field trip. After the field trip, the forms are turned in and archived with Mark Jergens-Zmuda).
3. Student Behavior Contract (Form 2321 F3). One for every student on the trip.
4. All chaperones must complete and sign (Form 2321 F4) on Guidelines for Volunteer chaperones.
5. List of Participants and Chaperones (Form 2321F5.1) If you do not know your Attendance List or Chaperones, you can submit the rest of the paperwork for approval and turn in your Attendance/Chaperone List 2 weeks before the trip. Create a list of participants (Form 2321F5.2) to take attendance during the trip for signing in and signing out purposes.
   ***Trips that include students of both genders, there must be at least one adult chaperone of each gender.
6. Need to also create a Google drive folder or distribution list of names and numbers and emails.
7. Send School nurse a roster of students on the trip so she can prepare any medications that need to go with students. Go see School nurse for any medication. Must be 3 days prior to leaving.
8. Complete Proposed Extended Field Trip Budget (Form 2321F6)
9. Complete Proposed Extended Field Trip Itinerary (Form 2321F6.2)
10. Write SAMPLE on Medical Authorization Form (Original Medical Authorization Form 2321F7 signed by parent are retained by the staff member and taken on the field trip. After the field trip, the forms are archived as appropriate). The completed Medical Authorization Forms need to be reviewed by the school nurse 3 days prior to going on the field trip. **Remember, only staff members can administer medication!**
11. Complete Travel Request Form (Form 2321F8) – one for each staff member on the trip. This requires a coach or employee signature at the bottom. Chaperones do not need one.
12. Copy of parent letter or flyer that explains the field trip purpose, dates, costs, etc.
13. Completed Requisition Forms—this process generates the Purchase Order. Please
   a. submit a requisition request to Valerie Perine in the ASB office. Only then can she book rooms/flight or use the district credit card. Please attach documentation of expense being requested (hotels, buses, plane tickets, etc.)
14. One half of Total trip cost must be paid to ASB two weeks prior to departure.
DURING THE TRIP:

1. Pick up any medication from school nurse (must have contacted her 3 days prior to departure with roster of attendees).
2. Have Emergency cards (for coaches) and Medical Authorization Forms 2321F7 carried with you at all times.
3. Complete Sign in and Sign out of every participant (Form 2321F5.2).
4. Lights out at 10pm. Perform room checks before chaperones go to bed. Monitor Hallways every 3 hours. Perform another room check in the morning.
5. Have a google drive folder or a distribution list of students and parents with email addresses and phone numbers in case of emergency. Please send this list to nick.wold@mercerislandschools.org

AFTER THE TRIP:

1. Turn in Medication to the Nurse (Shelley Sage)
2. Turn in Medical Authorization forms (Forms 2321F7); Form 2321F2; and Behavior Contracts 2321F3 to Mark Jergens-Zmuda at the conclusion of your trip.
3. Turn in the sign in and sign out sheet for all participants. (Form 2321F5.2)
4. Requests for travel reimbursements: Due within two weeks of travel completion
MERCER ISLAND SCHOOL DISTRICT #400
EXTENDED AND INTERNATIONAL FIELD TRIP APPLICATION

At least twenty-eight (28) days prior to an extended field trip and six (6) months before an international field trip, this form must be submitted to the Executive Director of Learning Services for approval by the Superintendent or designee, as per policy 2321 and 2321P. No fundraising, collection of fees, promotion, collecting or making deposits, or securing of permissions is to be done prior to approval by the Superintendent. The twenty-eight day (28) day requirement is waived for co-curricular trips such as athletic state championships, DECA competitions and the like where there is not twenty-eight (28) days notice for participation.

### PLEASE TYPE OR PRINT LEGIBLY

<table>
<thead>
<tr>
<th>School</th>
<th>Date(s) of trip</th>
<th># of school days affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class or group participating</td>
<td>Destination</td>
<td># of students</td>
</tr>
</tbody>
</table>

Education objective of the trip: __________________________

Is this a sanctioned WIAA event? Yes [ ] No [ ] (please check)

Departure Date: __________________ Time: __________ Return date: __________ Time: __________

Chaperones: # of adult chaperones: ________ Teachers: ________ Parents: ________ Other Staff: ________ Other Adults: ________

Staff Sponsor in charge: __________________

<table>
<thead>
<tr>
<th>School Bus:</th>
<th>Charter Bus:</th>
<th>Train:</th>
<th>Air:</th>
<th>Parents:</th>
<th>Other:</th>
</tr>
</thead>
</table>

Transportation (please check): [ ] School Bus: [ ] Charter Bus: [ ] Train: [ ] Air: [ ] Parents: [ ] Other: [ ]

If by air or train please state the carrier and flight/return information: __________________ Carrier: __________ Flight(s) #: __________

Accommodations: Name of Hotel/Facility: __________________

Address: __________________ Phone: __________________

Arrangement for meals: __________________

Cost per student: __________________

Source of Funding: __________________ Account Code: __________________
The following information **MUST** be attached to this application:

1. **SAMPLE** Form 2321F2 – Parent Permission Form – originals accompany the staff member on the trip
2. **SAMPLE** Medical Authorization Form – originals accompany the staff member on the trip
3. Form 2321F5.1 – Attendance and Chaperone List - Names of students expected to participate and number and name of chaperone expected to participate.
4. Form 2321F6 - Detailed itinerary with all hours accounted for during the trip including curfew times
5. Copy of parent letter or flyer that explains the field trip purpose, dates, costs, etc.
6. Field trip budget including cost per student
7. Travel Request Form for each staff member participating in the trip

**Staff completing application:** ________________________________  **Date:** ________________

**Principal approval:** ________________________________  **Date:** ________________

**Executive Director approval:** ________________________________  **Date:** ________________

**Superintendent Approval (if required):** ________________________________  **Date:** ________________

Adopted: 09/01/11, Revised 2/28/12; 8/16/16
Mercer Island School District #400
Permission to Participate/Assumption of Risk
Extended and International Field Trips

As a parent or guardian of a student requesting to voluntarily participate in a field trip, I hereby acknowledge that I have read, understood and agreed to the following:

Field Trip Destination: ______________________________ Purpose: ______________________________

I hereby give my permission for: ______________________________ who attends: ______________________________

(Student's Name) (School Name)

To participate in a field trip on (date): ______________________________ Time involved: ______________________________

From: ______________________________ To: ______________________________

Type of Transportation:
☐ School Bus
☐ District Van driven by district staff
☐ Air
☐ Other (describe) ______________________________
☐ Mariner Vessel
☐ Charter Bus

Student's Address: ______________________________________ City: ______________________________

Parent's Phone: Home ______________________________ Cell ______________________________

Parent's Email (1): ______________________________ Parent's Email (2): ______________________________

Family Physician: ______________________________ Phone #: ______________________________

Insurance Provider: ______________________________ Insurance Number: ______________________________

Medical conditions, medication information or allergies the District should be made aware of (write below):

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

Name: ______________________________ Phone #: ______________________________

I understand that all school and district policies are in effect on this trip. I understand that this is a school sponsored activity and is governed by the Policies and Procedures of the Mercer Island School District. These rules are delineated in Board Policy 3240L, accessible on the District’s website.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, I understand that I am responsible for any costs associated with an accident or injury. My child has medical/accident insurance: Yes ☐ No ☐

HOLD HARMLESS

I acknowledge that this activity may entail known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I agree to hold and save harmless the Mercer Island School District, its School Board and Employees, and assigns for any claims, suits or damages (including but not limited to defense and indemnification) which might result from my child participating in the above-described event/activity.

Being fully informed as to these risks, I hereby consent to my child participating in this Field Trip.

Signature of Parent/Guardian ______________________________ Date ______________________________ Work/Daysite Phone ______________________________

Adopted: 08/15/16
FIELD TRIPS/EXTRACURRICULAR TRIPS
STUDENT TRIP-BEHAVIOR AGREEMENT

As a student of _____________, you and the other students on the trip represent Mercer Island, the Mercer Island School District (the "District"), your school, your family, and yourself.

It is expected that at all times you will behave in a responsible, mature fashion that is consistent with the District's Student Code of Conduct. You will consider the above stated association, and implications to others when making decisions about your actions. You will show respect for other people, and their property. You will bear in mind that while in a hotel, on a bus or other form of transit, and at all other events on this trip, you are a guest and will behave in accordance with all relevant rules and expectations. At all times during this trip, all rules and expectations of the District and your school are in effect. Failure to do so may result in disciplinary action upon return.

Please be aware of and adhere to the following guidelines:

Be on time -
This trip will run on a tight schedule. Your punctuality is important to the entire group.

Be prepared -
This means you are responsible for yourself, all of your own possessions, and any equipment you need for the trip.

Observe curfew (if applicable) -
Failure to adhere to curfew will result in disciplinary action and/or significant restrictions on behavior should you be permitted to remain on the trip.

Travel in groups during free time -
For your safety and the safety of the others on the trip, you may not be in the company of less than one other Mercer Island student at any time. You must always be in the company of at least one student of the same sex as yourself or in group of three (3) or more students.

Dress appropriately -
This means that while in the hotel, dress appropriately for a hotel. When at an event, you should wear the appropriate attire (e.g. concert attire if a musician, your uniform if competing in an athletic event, etc.)

No room charges may be incurred (if applicable) -
If your trip involves a stay in a hotel room, no in room movies, telephone use fees or other incidentals may be charged to the room.

Be Respectful -
This means that you will show courtesy to and respect for the District staff, chaperones, your fellow students, transportation drivers and members of the general public. In open, public areas you should speak in a volume appropriate to the setting, you should be mindful of other people and things, you will not touch or climb on displays or exhibits, etc. Profanity is not acceptable and will not be tolerated.

Cell Phone/Computer Use -
You will use electronic devices such as cell phones and computers in a manner consistent with the District's acceptable use policy.

FOR OVERNIGHT TRIPS ONLY: Boys are not allowed in girls’ rooms, girls are not allowed in boys’ rooms, except when the room door is open, lights are on, and more than three (3) people are in the room.

Your room, luggage and any bag may be checked -
In order to ensure the safety of all members in the program students may be asked to allow a chaperone to inspect their bag and/or room at any time if there is a reasonable suspicion that the student is in violation of a school policy.

ANY STUDENT FOUND TO BE UNDER THE INFLUENCE, AND/OR IN POSSESSION OF DRUGS, ALCOHOL OR TOBACCO, IN POSSESSION OF WEAPONS OR EXPLOSIVES, ENGAGED IN INAPPROPRIATE SEXUAL BEHAVIOR, OR INVOLVED IN ANY ILLEGAL ACTIVITY OF ANY KIND WILL BE PUT INTO THE CUSTODY OF A CHAPERONE FOR THE REMAINDER OF THE TRIP OR, IF THE CIRCUMSTANCES WARRANT IT, MAY BE SENT HOME AT THE PARENTS' EXPENSE.

**** Please Sign and Return ***

Parent/Student Agreement and Consent

Parent/Legal Guardian Agreement and Consent

I, the parent/legal guardian of ________________________________, have read the “STUDENT TRIP-BEHAVIOR AGREEMENT” and accept and approve its content. I understand that should my son or daughter participate in any of the negative behaviors listed in the “STUDENT TRIP-BEHAVIOR AGREEMENT” or behave in a manner that puts the safety of themselves or others at risk, significant restrictions may be placed on them for the remainder of trip. In the most extreme cases where an alternative solution is not available, I recognize that my son or daughter may be sent home at my expense.

______________________________________________
Parent/Legal Guardian Signature

______________________________________________
Date

______________________________________________
Print Name

Student Agreement and Consent

I, ____________________________, have read the “STUDENT TRIP-BEHAVIOR AGREEMENT” and accept and approve its content. I agree to conduct myself in accordance with the rules, standards and expectations stated in the guidelines. Further, I understand that should I be found to have participated in or facilitated any behavior that puts the safety of others or myself at risk, significant restrictions may be placed on me for the remainder of trip. In the most extreme cases where an alternative solution is not available, I recognize that I may be sent home at my parent’s expense.

______________________________________________
Student Signature

______________________________________________
Date

______________________________________________
Print Name
Mercer Island School District
Guidelines for Volunteer Chaperones
Field Trips, Athletic Trips, and Outdoor Educational Opportunities

Mercer Island School District (the “District”) believes that field trips provide a valuable educational experience for students. Thank you for giving your time and support to these important activities. Without the help of volunteer chaperones, many field trips would not be possible.

In order to help ensure that District-sponsored field trips result in safe and rewarding experiences for all participants, these guidelines have been prepared to provide information about being a field trip chaperone.

Becoming a Volunteer Field Trip Chaperone

Because student safety is our paramount concern, the District has established procedures for screening all school volunteers who may have unsupervised access to children. Please check the District website Board Policy 5631 P, Background Checks for Volunteers and Individuals under Contracted Service, at http://www.boarddocs.com/wa/misd/ for the latest requirements. No volunteer may chaperone a field trip until the background check and other requirements are completed. If you have recently moved to Washington State and plan to chaperone an overnight field trip, the District may require you to take additional steps.

The District also requires that volunteer chaperones for overnight trips be at least 21 years old to supervise students in grades K-8, 24 years old for students in grades 9-12. Full time student teachers/interns may chaperone whether or not 24 years of age or older.

Guidelines for Volunteer Chaperones

Prior to your field trip, the staff field trip sponsor will provide you with information regarding the activities planned for the trip, expectations for supervising students, and emergency procedures. In addition, we have developed the following general guidelines to help you perform your duties as a chaperone. If you have any questions regarding these guidelines, please contact the staff field trip sponsor or the building principal/program manager.

1. All school rules apply on District-sponsored events. Chaperones are expected to comply with District policies, follow the directions given by the field trip staff sponsor, work cooperatively with other staff and volunteers, and model appropriate behaviors for students. Be sure you are familiar with the District’s Code of Conduct which can be located on the District website.

2. In order to comply with District policy, during District sponsored events, chaperones:
   a. may not use, sell, provide, possess, or be under the influence of drugs or alcohol
   b. may not use tobacco in the presence of, or within the sight of, students
   c. may not possess any weapon
   d. may not administer any medications, prescription or nonprescription, to students

3. Student behavior is your responsibility. School rules related to student behavior apply. Go over rules and standards of behavior, safety rules, and any site specific rules with students. Ensure that students do not get involved in any activities not pre-approved by administrators and parents. If a student will not follow your reasonable requests to comply with behavior and safety rules, please notify the staff field trip sponsor or other District staff chaperone promptly.
4. Students are expected to ask/tell the chaperones where they are going and must always go in a group of at least two students of the same sex (e.g. if a female student needs to use a restroom at an event, another female student must accompany her. No student is ever to be out of the company of another student of the same sex). Chaperones are responsible for reminding students of this.

5. Students must be supervised while at District-sponsored events. Therefore, Chaperones must:
   a. Go over use of the buddy system with students under the chaperone’s care. Students are always to be in groups of two or more. If only two students are in a location, those students must be of the same sex. A single male and female student is never to be alone.
   b. Account for all participants regularly and before changing activities. Attendance must be taken every time students get on buses or otherwise change locations as well as when students arrive in a new venue.
   c. If the students are split into groups, know when and where to meet the larger group at the end of a visit or event.
   d. Be readily available 24/7 in case of an emergency.
   e. Be mindful of safety concerns and respond to students’ needs. This means that Chaperones should let the students know where they are going to be located during free times or whenever else appropriate.
   f. Be familiar with and regularly refer to the itinerary often and become familiar with the field trip activities.
   g. Help students know what attire is appropriate for upcoming events and encourage adherence to the dress code for the trip.

6. Night-time supervision can be challenging. Unless circumstances dictate (e.g. if lodging in a communal setting such as a large cabin or gym) and it is pre-approved by a school principal or District-level administrator, chaperones should not sleep in the same room with students. Still, chaperones must ensure that students are in their rooms and not engaged in prohibited activities. This will generally mean that chaperones are responsible for conducting:
   a. Bed checks at lights out and at least one additional check during the night. Curfew is curfew — students should be in their rooms and staying there unless there is an emergency;
   b. Night watches. Night watches require the chaperones to walk the halls outside of the student rooms at least once every two hours. These watches should be done on a rotating basis to make it more manageable for all. Should there be concerns regarding student behavior or the hotel environment, more night watches may be necessary.
   c. In the event there is third party security monitoring the halls, the Staff Sponsor is required only to: 1) confirm that security will consistently be walking the halls outside of the rooms, and 2) provide the on-duty security information on how the Staff Sponsor can be contacted if a problem arises during the night;
   d. Wake up knocks/calls. It is helpful to be up and about and knocking on doors or making phone calls to get students up and ready.

Your staff field trip sponsor will help you understand the requirements and procedures for specific locations where students will be lodging. Different rules may need to be established for locations where students are staying in a gym, in open cabins or other non-traditional lodgings.
7. For the protection of both the student and the chaperone, chaperones should not place themselves in situations in which they are alone with a student. Chaperones may not, therefore, be in the company of less than two students. In an emergency a chaperone can be responsible for supervising one student e.g. when a student is admitted to the hospital and an adult needs to stay with the student. Any exception must be coordinated through the Staff Sponsor.

8. With prior written approval of the principal, a chaperone’s spouse/partner may attend an overnight Field Trip. Other family members/friends of a chaperone may not participate in a District-sponsored overnight field trip.

9. Chaperones who transport students in their personal vehicle must complete AGREEMENT – ADULT DRIVER OF PRIVATE VEHICLE, Form No. 6625F1. You are expected to comply with all District and State student transportation rules and regulations. Be aware that your personal vehicle insurance provides primary coverage in the event of an accident or injury.

10. Chaperones should be sure to know what to do in an emergency (medical emergency, natural emergency, lost student, serious breach of rule, etc.). That is, Chaperones must know who on the trip is first aid trained, where the first aid kit is, where the cell phone is kept if applicable, and know who has the copies of parental permission slips with emergency phone numbers and medical information.

Chaperone Emergency Contact Information:

In the event that I have a personal emergency, please contact:

Printed Name: _______________________

Relationship: _______________________

Primary Phone: _______________________

Cell Phone: _______________________

Chaperone Acknowledgment

I acknowledge that I have received a copy of the “Guidelines for Volunteer Chaperones – Overnight Field Trips,” have read these guidelines, and agree to comply with the guidelines as a school volunteer.

Chaperone: _______________________

Signature: _______________________

Date: _______________________
# Mercer Island School District #400
## List of Participants and Chaperones

<table>
<thead>
<tr>
<th>Staff Sponsor</th>
<th>Date(s) of trip</th>
<th>Destination</th>
</tr>
</thead>
</table>

### Student Participants:

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Parent Name</th>
<th>Emergency Phone Number</th>
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### Chaperones:

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<th>Name</th>
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Adopted: 08/23/16
MERCER ISLAND SCHOOL DISTRICT #400
Field Trip Attendance Sheet

Field Trip: ____________________________ Date(s) of Trip: ____________________________

Staff Sponsor: ____________________________ Destination: ____________________________

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Date In</th>
<th>Time In</th>
<th>Initial In</th>
<th>Date Out</th>
<th>Time Out</th>
<th>Initial Out</th>
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Page 1 of 2
Mercer Island School District  
#400  
EXTENDED AND/OR  
INTERNATIONAL FIELD TRIP  
BUDGET  

Staff Sponsor(s)  
Date(s) of trip  
Destination(s)  

1. Competition/Participation Fees  
   Fees: ____________  

2. Transportation Costs  
<table>
<thead>
<tr>
<th>Transportation</th>
<th>Per Individual</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charter Bus</td>
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<tr>
<td>Van Rental</td>
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<td></td>
</tr>
<tr>
<td>Personal Vehicles</td>
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</tbody>
</table>
   Total Transportation Costs:  

3. Food/Meal Costs  
   | Food/Meals           | Cost          |
   | Students              | /day reimburse|
   | Adults                | /day per dem  |
   |                      |                |
   Total Food/Meals Costs:  

4. Miscellaneous (please provide description)  
   Misc. Costs: ________________  

Total Cost of Trip ____________ (Add 1-4 above)  

Cost per student ________________
MEDICATION AUTHORIZATION FORM

Student Name: ______________________________________  School: __________  Grade: ______  DOB: __________

Parent/Guardian: __________________________________  Phone (Hm): __________  (Wk): __________

Mercer Island School District No. 400 is authorized by RCW 28A.210.260 State Statutes to administer any prescribed and over the counter medications to students during school hours, only when: 1) The medication is accompanied by a written, current, and unexpired request from a licensed medical health care provider, and 2) there exists a valid health reason that makes administration of the medication advisable during school hours. 3) For injectable medications, the Parent Request & Medical Health Care Provider Orders for Specialized Medical Treatment form is also required.

Medication requests will be valid only for the medication(s) listed and the dates indicated on District request forms. Requests shall not extend beyond the end of the current school year. Medications must be supplied in their original container with the label indicating the student's name, the licensed medical health care provider's name, the dosage, and instructions for administration. Medication may be administered by non-licensed/non-medical school personnel.

When a parent/guardian, medical health care provider, and school nurse agree, a student may be allowed to carry and self-administer medication. (See MISD School Board Procedure #5139.2 for a specific allowances)

For your convenience, Medication Requests may be faxed to: School Nurse: MIHS Fax # 206-236-3358; IMS Fax # 206-236-3408; West Mercer Fax # 206-230-6043; Lake Ridge Fax # 206-230-6232; Island Park Fax # 206-230-6251

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Medical Health Care Provider Request

<table>
<thead>
<tr>
<th>Medication name and strength:</th>
<th>#1</th>
<th>#2</th>
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<tbody>
<tr>
<td>Dosage (# of pills/tsp. etc.):</td>
<td>#1</td>
<td>#2</td>
</tr>
<tr>
<td>Time of administration:</td>
<td>#1</td>
<td>#2</td>
</tr>
<tr>
<td>Reason for administration:</td>
<td>#1</td>
<td>#2</td>
</tr>
<tr>
<td>Side effects:</td>
<td>#1</td>
<td>#2</td>
</tr>
<tr>
<td>Known medication allergies:</td>
<td></td>
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<tr>
<td>Other medications being taken by student:</td>
<td></td>
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</table>

As physician for this student, I agree he/she is capable of self-administration and may carry the above meds with him/her:

Yes ☐  No ☐

I request and authorize the administration of the above medication(s) for the period beginning ______ day of ______ 20____ through ______ day of ______ 20____ as there exists a valid health reason which makes administration of the medication advisable during school hours.

(Medical Health Care Provider Signature) (Date)

(Type or Print name of Medical Health Care Provider) (Phone) (Fax)

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Parent/Guardian Request

I certify that I am the parent, legal guardian, or person in legal control of the above-named student. I request and authorize the Mercer Island School District to administer this medication to the above named student in accordance with the instructions of the authorizing student's medical health care provider above. I also authorize the District to enter into a Mutual Exchange of Information with the student's medical health care provider named above. I acknowledge receipt of the district's procedures for medication in the school.

If the medical health care provider, school nurse and principal agree, I also give permission for my child to carry and self-administer this medication at school: Yes ☐  No ☐

(Parent/Guardian Signature) (Date)

(School Nurse Approval) (Date)
MERCE RIS LANDSCHOOLDISTRICT#400
EXTENDED/INTERNATIONAL FIELD TRIP
ITINERARY

<table>
<thead>
<tr>
<th>Staff/Sponsor</th>
<th>Date(s) of trip</th>
<th>Destination</th>
</tr>
</thead>
</table>

Detailed Itinerary (attach separate sheet if necessary):

All hours must be accounted for. Itinerary must minimally reflect departure and return times, change of location times and curfew times, if applicable.
2321F8 TRAVEL REQUEST FORM

Mercer Island School District

A travel request form must be completed before traveling overnight on District business whenever expenses are to be charged to the District, either directly or through reimbursement.

Print Name: ____________________________ School/Dept: ________________________________

Destination: ____________________________ Purpose: ________________________________

DURATION OF TRAVEL STATUS
Begin Travel Status: Date: ______________ Time: ____________________
End Travel Status: Date: ______________ Time: ____________________

REGISTRATION EXPENSE: (Mark One) Please attach a copy of conference registration/ schedule
Total Registration Expense $ ______________
☐ To be paid by District (PO or credit card) ☐ Paid by Staff and will request reimbursement

TRAVEL EXPENSE: (Refer to Staff Travel Reimbursement Procedures for Guidelines)

LODGING: Number of Nights ______ Rate per night $ ______
Prepaid by PO, check or district credit card

LODGING $ ______________

METHOD OF TRANSPORTATION:
☐ Airline ☐ Train ☐ Bus ☐ $ ______________
☐ Rental Car ☐ $ ______________
☐ Taxi/limousine ☐ $ ______________
☐ Personal Vehicle Mileage (miles x $.50/mile) ☐ $ ______________
☐ Other (Describe): ____________________________ $ ______________

TRANSPORTATION $ ______________

MEAL ALLOCATION:
Note: Travel must begin three (3) hours prior to meal to establish eligibility for entitlement.
Do not include meals provided as part of registration.

Mark (X) either ACTUAL EXPENSE or PER DIEM (Breakfast $10; Lunch $14; Dinner $25) for meals
(if select actual expense, you must submit all itemized receipts with expense claim)

☐ PER DIEM ☐ ACTUAL EXPENSE ☐ ______________ MEALS $ ______________

TOTAL ESTIMATED TRAVEL EXPENSE $ ______________

Employee Signature ____________________________ Date ______________

Account Code _________________________________

(To request a travel advance, please send the completed Request for Travel Advance Form to the Business Office. You can download a copy from the district website.)

APPROVAL

Supervisor Signature ____________________________ Date ______________

Superintendent ____________________________ Date ______________