|  |
| --- |
| wakelogo WAKE COUNTY PUBLIC SCHOOL SYSTEM |

**School Trip Safety and Medical Plan**

**School**: Salem Middle School

**Destination**: Jordan Lake Educational State Forest

**Date of Trip**: June 2, 2017

**Contact Name: Emily Swanson**

**Number of Students attending trip**: 116

**Student Supervision Information**

* Please include the following in your narrative:
* Student to Chaperone ratio.
* All non-staff chaperones have been approved through the WCPSS Volunteer system.
* Detail for student supervision (students must be supervised at all times).
* Any emergency procedures.

Between staff and parent volunteers, there will be fifteen total adults present. This will make for an 8:1 student to chaperone ratio. All chaperones will be approved through the WCPSS volunteer system. Cell phone numbers will be shared between the chaperones and with the front office.

**Medication(s)/Medical Assistance Information**:

* Please verify forms listed below are in compliance.
* Parent/Guardian(s) will provide a completed Form 1713a, “*Parental Consent and Student Medical Information for School Trips”*.
* Copies of Form 1713a, “Parental Consent and Student Medical Information for School Trips” for students attending the trip will be on file at the school.
* Copies of Form 1713a “Parental Consent and Student Medical Information for School Trips” for students with medical needs will be provided to the school nurse.
* Each homeroom teacher must have student permission/emergency forms with them at all times.
* Teachers will keep vital student medical information at all times.
* If determined a contract nurse is need he/she will be in charge of medications.

All of this is possible. In previous years, the administration of the school has not requested/required that copies of the field trip permission slip be on file at the school or with the school nurse. If the policy has changed please let me know.

**Safety Considerations**:

* Please verify that Transportation forms are complete and on file at the school.
* Please list other safety considerations below.

The students will be outdoors for the entire day working in groups and rotating through learning stations. While all the stations will be led by adults and while the students will be supervised throughout the day, being outdoors for a lengthy time period could be a safety consideration for students with allergies or if the weather is inclement. Also, it is possible that students could suffer from abrasions and/or strains or sprains as a result of being outside in the park for the entire day.

**All Elementary and Middle School Trips that deviate from policy 5430.7/R&P 5430.7/R&P5430.7.1 must include the following:**

**Overnight Safety Arrangements**:

* Please provide a plan for overnight school trips. For compliancy the plan must include the following:
* Appropriate gender specific chaperones students.
* Students are not allowed to leave their room unless they have a chaperone with them.
* Staff and chaperones have a plan for multiple room checks nightly.

N/A

**All Elementary, Middle and High School Trips that include water related activities that consist of Board Policy 5430.9.1/R&P, 5430.9.1; 5430.10.1-3; 5430.11.1-2/R&P; 5430.11.1-2 must include the following:**

**Water Related Activities**:

* Please provide plan for any water related activities. For compliancy the plan must include the following:
* Boat Company has a safety plan – please include company’s safety plan with field trip packet. Boat contains life vests and life boats.
* Students and chaperones have been advised they are not allowed in the water.
* Hotel swimming pools: Students and chaperones have been advised they are not allowed in the swimming pool.
* Theme Parks: Students and chaperones have been advised they are not allowed to ride water rides.

All students are present for safety instructions and training by staff members. Be sure that there are trained staff on and near the water checking on the safety of the students and doing head counts.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Field Trip Sponsor Emergency Contact Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of School Nurse Date

*(Verification that school nurse is aware of school trip and will review Form 1713a, “Parental Consent and Student Medical Information for School Trips”) of students with medical needs*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of School Principal Date approved