

Students

Student Travel

I. Purpose

This policy defines the process and parameters for ~~school~~ district student-related travel, to include, but not limited to, academic, athletic, music, arts, and activities travel. The ~~school~~-district supports student travel beyond the classroom and areas of competition that are properly planned, well-organized, conducted in an orderly manner and safe environment, and are carefully supervised. The goals of the experience should align to ~~Edina Public Schools'~~ ~~the district's~~ educational competencies and content standards and follow all applicable state and federal laws.

II. General Statement

The processes and procedures for the planning and approval of student travel-based learning experiences will be prepared by ~~A~~administration and ~~contained in an appendix~~ ~~be attached as appendices~~ to this ~~P~~policy. Administration, including the relevant ~~B~~building ~~P~~principals, will be responsible for enforcing these processes and procedures.

III. Definitions

~~For purposes of this policy, the definitions included in this section apply.~~

A. ~~“Organizer”~~ ~~“Staff Coordinator”~~ is the school district employee responsible for the experience. The ~~organizer~~ ~~staff coordinator~~ may be a head coach, teacher, administrator, or activities advisor.

B. Travel Category

1. “Extended travel” is travel that involves one or more overnight stops. Extended travel may be instructional or supplementary. An extended travel request form must be completed and approved.
2. “Instructional travel” is travel that takes place during the school day and is required as a part of a basic education program or course, which could include students completing assignments and/or a learning assessment.
3. “Supplementary travel” is optional travel in which students voluntarily participate, which enhances a basic education program or course.

Travel may take place during or outside the regular school day. Examples of student travel in this category include class activities and district-sponsored activities for clubs, teams, and other district recognized and approved special interest groups.

- ~~4. "Extended travel" is travel that involves one or more overnight stops. Extended travel may be instructional or supplementary. An extended travel request form must be completed and approved.~~

C. Travel Distance

1. "International travel" is defined as travel to Hawaii, Alaska, or otherwise outside of the 48 contiguous states.
2. "Local travel" is defined as travel that occurs within, or immediately adjacent to, the nine-county, Twin Cities metropolitan area.
3. "National travel" is defined as travel that occurs within the 48 contiguous states, but outside the definition of "regional travel."
4. "Regional travel" is defined as travel that occurs within 700 miles of the Twin Cities metropolitan area, but outside the definition of "local travel."
- ~~5. "National travel" is defined as travel that occurs within the 48 contiguous states, but outside the definition of "regional travel."~~
- ~~6. "International travel" is defined as travel to Hawaii, Alaska, or otherwise outside of the 48 contiguous states.~~

- ~~D. "Organizer" is the school district employee responsible for the experience. The organizer may be a head coach, teacher, administrator, or activities advisor.~~

IV. Guidelines

- A. Rules of conduct and discipline for students and employees will apply to all student trip activities.
- B. The [school](#) district will make efforts to ensure that all student travel is as inclusive as possible for participants with disabilities, in accordance with the Americans with Disabilities Act (ADA), and will attempt to make reasonable accommodations, as requested. For extended travel, including most international travel, the district will have limited control over the facilities and accommodations. The district will not be able to make accommodations that would fundamentally alter the nature of the travel experience or would result in what the ADA refers to as an undue burden. In such situations, the district will communicate these circumstances to parents/[guardians](#) and participating staff.

- C. In the interest of providing lower cost opportunities for students, a regional or national travel-study experience with similar educational objectives will be offered to students in the prior, same, or following school year as an international trip.
- D. Employees may not enter into contracts or agreements with commercial agencies without formal district approval. As such, all travel experiences must meet the expectations outlined in this policy.

Legal References:

Minn. Stat. § 123B.36 (Authorized Fees)
 Minn. Stat. § 123B.37 (Prohibited Fees)
 Minn. Stat. § 123B.49 (~~Co-curricular and~~ Extracurricular Activities; Insurance)
Sonkowsky v. Board of Educ. for Indep. Sch. Dist. No. 721, 327 F.3d 675 (8th Cir. 2003)
Lee v. Pine Bluff Sch. Dist., 472 F.3d 1026 (8th Cir. 2007)

Cross References:

Policy 403 (~~Discipline, Suspension and Dismissal~~ of School District Employees)
 Policy 423 (Employee–Student Relationships)
 Policy 506 (Student Conduct and Discipline)
 Policy 516 (Student Medication)
 Policy 629 (Student Fundraising)
 Policy 707 (Purchasing)
 Policy 713 (Student Transportation)
 Policy 711 (Student Activities Accounting)
 Policy 913 (Partnerships – Parent Organizations and Booster Clubs)

Policy

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INDEPENDENT SCHOOL DISTRICT NO. 273
 Edina, Minnesota

Appendix I to Policy 538

Extended Travel

- I. The process to obtain extended travel permission is:
 - A. An employee submits an [Extended Field Trip and Travel Application](#) ~~Student Travel Request~~ to the [building principal](#). ~~extended travel coordinator~~. The travel is approved or denied.
 - B. A tentative travel proposal is required for all extended travel. It is intended to provide the superintendent, [building principal](#), extended travel coordinator, and/or other designee(s) with background information about the proposed travel. The tentative travel proposal should include the following information:
 - 1. Purpose of the experience as it applies to the guidelines;
 - 2. Goals of the experience and alignment to educational competencies and content standards;
 - 3. Pre-travel requirements and/or proficiencies;
 - 4. Name of the ~~organizer~~; [staff coordinator](#);
 - 5. Number of participants involved;
 - 6. Ratio of participants to chaperones;
 - 7. Destination;
 - 8. Schedule of experience, including dates and school days missed;
 - 9. Mode(s) of transportation;
 - 10. [Travel company](#);
 - 11. General provisions for the safety of the students while on tour (e.g., the number of chaperones, their responsibilities);
 - 12. Lodging and meal arrangements, which includes accommodations made for students with dietary restrictions and food allergies [to be outlined after roster is complete](#);
 - 13. Method of financing, including estimated cost to each student, and a fundraising framework plan;
 - 14. A summary of the number of similar trips the ~~organizer~~ [staff coordinator](#) and organization has experienced, and the number of incident reports generated each year; and
 - 15. A detailed overview of the insurance offerings for families, in addition to an intentional communication plan to ensure families understand the insurance offerings.

TRAVEL PROPOSAL APPROVAL SCHEDULE

| | |
|---|---------------------|
| Local, Regional Travel – Building Administration | 2 months in advance |
| Extended, Regional Travel* – Building Principal | 4 months in advance |
| Extended, National Travel* – Building Principal (once approved forwarded to S superintendent for approval) | 4 months in advance |

*Notification of approved extended travel is provided to [the](#) school board following the schedule above.

- C. The approval criteria to approve or deny the travel proposal includes, but [is](#) not limited to:
1. The experience's purpose, goals, and any pre-requirements for participation;
 2. The ability of all students to participate in the experience, including opportunities for fundraising, scholarships, and/or financial assistance;
 3. Ability level of the group, as determined by the advisors or coaches;
 4. The ability of the group to serve as a role model for the district;
 5. The amount of parent/[guardian](#) or booster club support services; and
 6. The impact on school attendance by participants, with a general guideline of two school days of approved absence and no conflicts with major exam schedules.
- D. The final travel itinerary is required to be approved by the board for any extended travel that has significant changes to the originally approved itinerary. Significant change could include, but is not limited to, a change in destination, mode of transportation, and/or length of trip.
- E. Coordinating [the](#) travel agency and the parents/[guardians](#) of participants to ensure cancellation refunds are consistent with these timelines (if applicable).

II. Travel Guidelines

A. Costs

1. Travel arrangers will seek to make students' travel costs affordable for all students, while placing value on students' (a) safety; (b) experience, including travel-based learning goals; and (c) accommodations. Travel insurance will be offered, clearly communicated, and strongly encouraged for families to purchase. Students' travel costs will be as inclusive as practical for the experience, with limited out-of-pocket expenses. An estimate of out-of-pocket expenses will be stated. Students will be responsible for all travel costs.
2. A competitive bid process, following the process outlined in ~~Policy 707~~ [district policy](#), will be considered for travel and lodging expenses for international and national travel. Travel bid awards will be reviewed for safety, cost, experience, and accommodations. Careful consideration will be made by the organizer, [the extended travel coordinator](#), and building administration regarding these criteria before a bid will be awarded.
3. For national and international travel, parents [and guardians](#) should be provided with written details of the experience and travel advisory updates on

a regular basis throughout the planning and preparation period and be given the opportunity to provide input prior to submission of the final travel itinerary.

- B. If an experience anticipates returning students later than 1:00 AM via bus, van, or other motor vehicle; the ~~organizer~~ **staff coordinator** must secure additional overnight lodging and return the next day. Vehicular transportation cannot occur overnight. Extended travel which varies from the travel procedures requires extended travel coordinator, administrative, and school board approval prior to finalization of pre-travel plans with participants.
- C. The **school** district reserves the right to cancel or postpone international travel if travel alerts and/or warnings are issued by the U.S. Department of State's Bureau of Consular Affairs. The district will consult with the involved travel company prior to making such a decision. The district assumes no responsibility for refunds when making decisions on travel changes due to students' safety and security. The district has no obligations to check or monitor such alerts and/or warnings.

D. Fundraising and Financial Support

Groups that are planning to travel must develop a detailed fundraising plan, **in accordance with district policy**, that ensures adequate funds exist to allow all interested students to participate. Opportunities must be provided for the student to earn all or part of the necessary funds for a travel-based learning experience. This fundraising plan must be submitted to the building administration with the notice of intent to travel in section I.C. for ~~his/her~~ **their** approval prior to dissemination of these plans to the students and parents/**guardians**. (~~see Policy 629—Student Fundraising~~). Financial assistance will be sought from the group's funding plan or other potential funding sources.

The district will seek partnership with financial host agencies to establish a student travel scholarship program for students with identified financial need. Funds for this support will come from private donations, fundraising events, and fees. The extended travel coordinator will oversee this program.

E. Participation

1. In order for the experience to be a worthwhile venture, it is important for a fine arts ensemble, athletic team, or group to have enough participants, with sufficient skills for the activity, to commit to the experience. The proper skills and balance is determined by the ~~organizer~~ **staff coordinator**. Since regional, national, and international travel are not mandatory, no student will be penalized in their team placement if they do not wish to participate in a travel-based experience.
2. Students may participate in public performance opportunities within the local travel area given the opportunity is approved by the building administration, has the support of the staff member involved in the specific program, and has broad-based support among the student group. Financial viability should be

the responsibility of the ~~school~~-district, as the only anticipated cost for such performance opportunities is transportation cost associated with the use of the ~~school~~-district buses.

F. Home Stays for Extended Travel

Home stays for extended travel may be permitted if approved by the administration at the proposal phase of the experience, and if the following criteria also are met:

1. The home stay is approved by the international provider, who is approved by the ~~school~~-district administration;
2. The district chaperones make daily contact with students during their stay;
3. The parent or guardian signs off in support of their child's home stay prior to the experience; and
4. Whenever possible, the home stay will have two or more ~~EPS~~ district students in each home.

G. Health-Related Services

The administrator will act in the best interest of the students' health, safety, and welfare during student travel.

District staff may be required to dispense medication to students. The medication will be stored and administered in accordance with ~~Policy 516—Student Medication~~ district policy. Medication will be dispensed only in accordance with district policies by an adult trained by a licensed school nurse from the district or a person of comparable training (i.e., doctor, physician's assistant).

H. Insurance

Parents and guardians are strongly encouraged to carefully review the insurance offerings provided by the travel company the district is partnering with to ensure understanding of all costs and benefits involved. Parents and guardians are also encouraged to explore the adequacy of health and/or accident insurance coverage to cover medical needs away from home, especially when students are abroad. The ~~D~~district is not responsible for financial losses to students and parents/guardians due to cancellation of trips.

I. Financial Report

A financial report for national and international travel will be made to the building administration by the ~~organizer~~ staff coordinator no later than 60 days after the completion of the experience.

Application form added

Extended Field Trip and Travel Application

Preliminary Approval

Request time before a trip: 4 months-Extended Regional / 6 months-Extended National / 18 months-International

Student Travel [Policy 538](#)

Staff Coordinator:

| | | | | | | | | |
|-------|-------------------------------|----|-------------|----|----|----|-------------------------|--|
| GROUP | School | | Group/Class | | | | Estimated # of Students | |
| | Estimated # of Students Grade | | | | | | # of School Personnel | |
| | Elem | MS | 9 | 10 | 11 | 12 | | |

| | | | | | |
|-------------|------------------------|--|----------------|--|------------------|
| DESTINATION | Destination | | Address | | Miles Round Trip |
| | Mode of Transportation | | Travel Company | | |

| | |
|------|--|
| GOAL | Educational Goal or Objective: alignment with competencies / standards |
|------|--|

| | |
|-------------------|-------------------------------|
| LODGING/ MEALS | Lodging and Meal Arrangements |
|-------------------|-------------------------------|

| | | | |
|------|---|--|---|
| TIME | Dates of Trip ___/___/___ thru ___/___/___ | Days Absent: when school is in session | Days Absent: Non-school days/ vacation time |
|------|---|--|---|

| | | | | |
|------|---------------------------------------|--|--|--|
| COST | Estimated Cost Per Student \$_____ | Source of Funding: Student District Fundraise | | |
|------|---------------------------------------|--|--|--|

Adopted: ~~06/17/19~~
Revised: ~~12/12/22~~

(/25)

STUDENT TRAVEL CHAPERONE AGREEMENT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ CELL PHONE () _____ EMAIL _____

The following guidelines are designed to help volunteers understand their responsibilities while performing within the course and scope of a volunteer chaperone position. Volunteer chaperones are expected to abide by all Edina Public Schools' policies. This agreement is effective for the _____ school year and may be used for multiple events.

The goal of Edina Public Schools' activities is to provide a safe, fun, and positive experience for both youth and adults. As an adult chaperone, you play a valuable role in attaining this goal. Please read through this code of conduct and sign below.

As an adult chaperone, you agree to:

1. Complete the background check required by the [school](#) district at your own expense.
2. Have a valid driver's license and carry proof of automobile liability insurance, if you use a motor vehicle to transport yourself or others. Also, ensure that all passengers use seatbelts.
3. Not possess or use alcohol, illegal drugs, or tobacco products while involved in any Edina Public Schools' meeting or activity.
4. Not leave the premises of the event without the approval of the ~~organizer~~ [staff coordinator](#) when chaperoning students.
5. Not use obscene or discriminatory language at any Edina Public Schools' activity.
6. Represent Edina Public Schools to youth and adults by conducting yourself courteously in manner and language, exhibiting good sportsmanship, serving as a positive role model, and using reasonable conflict resolution skills.
7. Abide by all applicable Edina Public Schools' rules, policies, and guidelines.
8. Accept supervision and support from the ~~travel organizer~~ [staff coordinator](#) or designated activity volunteer leader.
9. Accept the responsibility to promote and support the vision, mission, and values of Edina Public Schools' activities.
10. Ensure that students follow the guidelines and participate appropriately in all activities and travel.
11. Immediately inform the ~~travel organizer~~ [staff coordinator](#) of any violations of district policies so that the ~~travel learning organizer~~ [staff coordinator](#) can respond appropriately.
12. Participate in activities to the best of your ability.
13. Attend at least one chaperone training session that will cover travel logistics and district policies and rules including data privacy training.

I have read this document. I understand its contents and agree to its terms. I also understand that if I do not follow this code of conduct, my participation in Edina Public Schools-sponsored activities for this and the future school year will be terminated.

Chaperone's Signature: _____ Date: _____

(/25)

Adopted: ~~6/17/19~~

Reviewed: ~~12/12/22~~

Appendix III to Policy 538

**Edina Public Schools
Extended Travel Release of Liability**

This completed form is required for all EPS extended travel. Failure to complete and/or lack of agreement will prohibit participation in the planned travel experience.

| |
|----------------------|
| Student Name: |
|----------------------|

| |
|----------------------------------|
| Course/Travel Experience: |
|----------------------------------|

AGREEMENT AND RELEASE OF LIABILITY

1. I am _____, ("Student") and/or the parent/guardian of Student, a student at Edina High School ("School"). I have chosen to and intend to allow Student to participate in a travel-based learning experience (Program) sponsored by ~~Edina Public Schools~~ **the School**.
2. I have voluntarily arranged for Student to participate in a Program which will include travel to _____ for the dates of _____.
3. I understand and am aware that during the Program in which Student will participate and in traveling to and from the Program certain risks and dangers may arise, including but not limited to the hazards of traveling in unsafe areas or under unsafe conditions, the forces of nature, the negligent or reckless acts or omissions or strict liability of persons or entities providing goods or services to Student, their agents, employees, officers, directors, associates, affiliated companies or subcontractor, travel by boat, automobile, train, ship, aircraft, bus, or other means of conveyance, an accident or illness in places without access to medical facilities, transportation, or means of rapid evaluation and assistance. I understand the District is not responsible for financial losses to students and parents/**guardians** due to cancellation of trips.
4. I am aware that Student's participation in the Program and/or the use of transportation, housing, and dining services, and other goods and services in connection with participation in the Program carries a risk of serious personal injury, serious illness, death, and property damage or loss. I expressly and voluntarily assume on behalf of Student and for myself all risk of injury, illness, death, and property damage or loss that may result from Student's participation in the Program and travel to and from the Program.
5. As consideration for being permitted to participate in the Program, I hereby release and discharge the School and its officers, directors, faculty, agents, employees, and legal representatives ("the Released Parties") from liability for injury, illness, death, damage, or loss arising out of Student's participation in the Program or use of transportation, housing, dining, or other goods and services, or arising out of any other activity incident to Student's participation in the Program, including any losses caused by the negligence or strict liability of the Released Parties. I do not release the Released Parties from liability for willful or intentional acts or punitive damages.
6. I also agree not to sue or make a claim against the Released Parties for injury, illness, death, damage, or loss sustained as a result of Student's participation in the Program. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

| | |
|------------------------------------|--------------|
| Student Signature: | Date: |
| Parent/gGuardian Signature: | Date: |

EXTENDED TRAVEL STUDENT CONDUCT AGREEMENT

| |
|----------------------|
| Student Name: |
|----------------------|

| |
|----------------------------------|
| Course/Travel Experience: |
|----------------------------------|

Students on an extended travel experience approved by the Edina Public Schools (EPS) are to realize that:

1. Approved student travel is an extension of the normal school day; and
2. Students are representatives of EPS throughout the travel experience.

Therefore, all EPS policies are in effect as outlined in the current *Student Rights and Responsibilities Handbook*.

All students engaged in extended travel represent the EPS from the point of departure to the point of return and are expected to act at all times in a way that exemplifies the high standards of behaviors set by our learning community.

EPS assigned travel coordinator(s) have the normal authority given to classroom teachers and the accompanying administrative designee has the authority of a building or district-level administrator. School administration and the EPS Superintendent will be notified of all policy violations that occur during the travel experience.

To ensure that the student and the parent/guardian understand travel-related behavior expectations, all travel coordinators ~~must~~ will review certain policies and the consequences of any policy violations. Student participants and their parent/guardian are to initial below that each policy was clarified and that their policy questions answered prior to the travel experience.

| Policy | Student | Parent / Guardian |
|--|----------------|--------------------------|
| Field Trips and Student Travel (Policy 538) | | |
| Search of Student Lockers, Desks, Personal Possessions, & Student's Persons (Policy 502) | | |
| Student Dress and Appearance (Policy 535 504) | | |
| Student Attendance (Policy 503) | | |
| Electronic Technologies Acceptable Use (Policy 634 524) | | |
| Student Medication (Policy 516) | | |
| Student Conduct & Discipline (Policy 506) | | |

Additionally, while participating in extended travel, EPS students may not:

1. Engage in any “body modification” (i.e., tattoos, body piercing, or similar behavior)
2. Operate a motor vehicle
3. Participate in extreme sports, except sports that are a part of the program
4. Engage in any activity deemed dangerous to the health, safety, or welfare of the student or any member of the group

Violation of these expectations while on an extended travel experience will result in the immediate return home of the student. The parent/guardian will bear full financial responsibility for all related costs of this action, including costs for an accompanying chaperone. The signatures below indicate that both student and parent/guardian understand and agree to the ~~School Board~~ district policies, the consequences of policy violations, and the additional prohibited behaviors listed above.

| STUDENT | PARENT/GUARDIAN |
|---------------|-----------------|
| Student Name: | Name: |
| Signature: | Signature: |
| Date: | Date: |



Appendix I to Policy 516 and Appendix V to Policy 538
Edina Public Schools – Medication Administration Authorization

Do not use this form for students who require medication for asthma, severe allergies, seizures, or diabetes. Please have your medical provider complete action plans for these health conditions.

Student: _____ Date of Birth: _____ Grade: _____

PHYSICIAN AND PARENT/GUARDIAN SIGNATURE REQUIRED BELOW.

Parents/guardians asking district employees to give medication to their child must provide written permission each school year that has been signed by the child's licensed health care provider and the parent/guardian. The medication must be provided in the original, labeled container.

| PHYSICIAN/LICENSED PRESCRIBER'S ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL – To be completed by physician/licensed prescriber. | | | | |
|---|------------|-----------|-------------|-------------------|
| Medication | Dose in mg | Frequency | Route | Medical Condition |
| | | | | |
| | | | | |
| | | | | |
| Physician/licensed prescriber signature (required): | | | | Date: |
| Print Name of Prescriber | | | Clinic Name | |
| Phone: | | | Fax: | |

All authorizations expire at the end of the school year or following the summer school session.

| | |
|---|--------------------------|
| <p><u>Parent/ Guardian Authorization</u></p> <p>I request that the above medication/s be given during school hours as ordered by my child's physician/licensed prescriber.</p> <p>I request that the medications be given on field trips as prescribed. Yes No</p> <p>I will notify the school if medication is stopped.</p> <p>I give permission for the medication/s to be given by school personnel as delegated, trained, and supervised by the school nurse.</p> <p>Legally, I may refuse to sign the authorization to administer medication form. If I refuse to sign, the district will not be able to administer the medication.</p> <p>This consent may be revoked at any time by sending a written notice to the licensed school nurse.</p> <p>If this medication(s) is a controlled substance, I am obligated to retrieve the controlled substance when requested by the district.</p> <p>If this medication(s) is not a controlled substance, I hereby designate the district as an authorized entity to transport the medication for the purposes of destruction if any unused medication(s) remains.</p> | |
| <p>_____</p> <p>Parent/Guardian Signature</p> | <p>_____</p> <p>Date</p> |

| | |
|---|--------------------------|
| <p><u>Permission for Release of Information</u></p> <p>I give permission for the school nurse to contact my child's physician/licensed prescriber with questions about the above listed medication/(s) or medical condition/(s) being treated by medication/(s).</p> <p>I give permission for the physician/licensed prescriber to release information related to the above medication/(s) and medical condition/(s) to the licensed school nurse.</p> | |
| <p>_____</p> <p>Parent/Guardian Signature</p> | <p>_____</p> <p>Date</p> |

Adopted: ~~6/17/19~~
Reviewed: ~~12/12/22~~