

DISTRICT 709 FIELD TRIP REQUESTS

In accordance with School District Policy District 6160, District 709 recognizes properly planned, well conducted, and carefully supervised field trips may be a vital part of the curriculum. School field trips are encouraged within available resources and requirements outlined below.

DIRECTIONS: All staff are required to submit a Field Trip Request prior to the field trip being finalized with the involved students and to:

- Receive administrative and/or extra-curricular coordinator approval for all instructional and supplementary field trips
- Receive administrative reviewal and school board approval for all extended trips (Exceptions may be granted by the school board chair to accommodate emergencies.)

DEFINITIONS:

Instructional Trips - Trips that take place during the school day, relate directly to a course of study, and require student participation. Fees may not be assessed against students.

Supplementary Trips - Trips in which students voluntarily participate in and which often take place outside the regular school day, but do not include overnight stays. Financial contributions may be requested of students.

Extended Trips Within Minnesota and Continental United States - Trips that involve one or more overnight stops within Minnesota or the Continental United States and may be instructional or supplementary and are voluntary in nature. Extended field trips require school board approval prior to the trip.

INSTRUCTIONAL TRIP ACTION

Principal:

☐

Approved

Name: _____

☐

Not Approved

Date: _____

SUPPLEMENTAL TRIP ACTION

Principal:

☐

Approved

Name: _____

☐

Not Approved

Date: _____

Instructional/Supplemental Trips need not be sent to District office.

EXTENDED TRIP ACTION

Principal:



Recommended

Name: Darren Sheldon☐

Not Recommended

Date: 9/16/22

Assistant Superintendent:

☒

Recommended

Name: Anthony Burt☐

Not Recommended

Date: 9/16/22

School Board:

☐

Approved

Name: _____

☐

Not Approved

Date: _____

All extended trip proposals must be sent to the Assistant Superintendent's Office to be placed on the Education Committee meeting agenda for approval.

FIELD TRIP REQUEST FORM

Date of Submission:

Type of Trip: ☐ Instructional ☐ Supplementary ☒ Extended

1. Organization/Grade/Course Planning Trip: 5th grade
2. Contact Person (Responsible for Checklist Completion): Heather Kemp
3. Field Trip Date(s): 4/13/23 - 4/15/23 Destination: Wolf Ridge ELC
4. Field Trip Overview (Include events, establishments and locations): 5 science based activities taught by Wolf Ridge staff over a three day period.
5. Field Trip Departure from School (Date and Time): 9:30 am 4/13/23
Field Trip Return to School (Date and Time): 2:00 pm 4/15/23
6. Objectives of Field Trip: Science standards
7. Relationship to Curriculum or Student Learning: the curriculum is aligned to the MN 5th grade Science standards
8. Planned Follow-up Field Trip Activities: writing assignment
9. Field Trip Budget Request

| Estimated Expenses | |
|--|------------------------|
| Total Admission/Fees | \$ <u>825.00</u> |
| Total Meals | \$ <u>all together</u> |
| Total Lodging | \$ |
| Total Transportation | \$ <u>1000</u> |
| <input checked="" type="checkbox"/> School District Vehicle(s) <u>w/ trailer</u> | |
| <input type="checkbox"/> Commercial Transportation Carrier ~ Name: _____ | |
| <input type="checkbox"/> Private Vehicle (requires certificate of insurance) ~ Name: _____ | |
| Total Additional Stipends: | \$ |
| Other: <u>journals, snacks</u> | \$ <u>200</u> |
| Total | \$ <u>9450</u> |

| Revenues | | |
|----------------------------|------------|----------------|
| District Budget | Code: | \$ |
| Booster Group | <u>PTA</u> | \$ <u>200</u> |
| Donations | | \$ <u>100</u> |
| Student Fees | | \$ <u>9200</u> |
| Total Additional Stipends: | | \$ |
| Total | | \$ <u>9500</u> |

11. Reviewed/Completed Request Checklist: ☒ Yes ☐ No

RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL

FIELD TRIP REQUEST CHECKLIST - All Field Trips

DIRECTIONS: Please complete checklist. No attachments are necessary.

- ☐ Develop and Communicate Student Discipline Expectations
- ☐ Forward Field Trip Explanation and Fee Structure Letter Sent to Parents/Guardians
- ☐ Collect Parent/Guardian Permission for Student Participation in Field Trip (Include request for special information - i.e. allergies, medications, special needs.)
- ☐ Gain Access to Cell Phone for Field Trip
- ☐ Plan Arrangements for Early Pick-Up or Late Drop-Off Students (if necessary).
Guide: May choose to leave message on school voice mail to help with late drop off.
- ☐ Plan Meal Arrangements (if necessary)
Reminder: Notify food service of non-participation.
- ☐ Plan Administration of Student Medication and First Aid Needs (if necessary)
Guide: Contact School Nurse.
- ☐ Develop and Communicate Action Plan if Student Gets Lost on Trip
- ☐ Arrange Adult Chaperones for Field Trip (if necessary)
Guide: One (1) adult for every twenty (20) students depending on field trip. Parent volunteers are encouraged when possible or appropriate.
- ☐ Develop and Communicate Teacher and Adult Chaperone Expectations
Example: Supervision duties, no smoking, no alcohol
- ☐ Planned Itinerary

TIME

LOCATION

- ☐ Maintain Student Roster and Check-in/Check-out Procedure
- ☐ Arrangement for Safety Needs (i.e. crossing guards)

Signature of Contact Person: _____

FIELD TRIP REQUEST CHECKLIST - Extended Trip Only

DIRECTIONS: Please complete checklist and attach all appropriate materials.

- ☐ Develop and Complete Field Trip Itinerary and Emergency Telephone Contacts Letter to Parents/Guardians
Note: Attach tentative planned itinerary.
- ☐ Arrange Funding of Expenses During Trip — *parents, calendar + candy bar sales*
- ☐ Arrange Meal Plans — *included*
- ☐ Arrange Lodging Plans and Room Assignments — *included*
- ☐ Collect Family Emergency Information for Students
Example: Home phone numbers, emergency contacts, medical information
- ☐ Additional Information
Note: Provide any additional information.

Signature of Contact Person: Heather Kemp

Lakewood 5th Grade Field Trip Emergency/Health Information

Name _____ Male ☐ Female ☐ Birth Date ____/____/____ Teacher _____

Address _____ City / State / Zip _____

Parent/Guardian _____ Home # _____ Work # _____ Cell _____

Parent/Guardian _____ Home # _____ Work # _____ Cell _____

Physician _____ Phone _____ Dentist _____ Phone _____

If I/we cannot be located in the case of emergency/illness requiring immediate medical attention, please call:

Name _____ Home # _____ Work # _____ Cell _____

If I/we cannot be located in the case of emergency/illness requiring immediate medical attention, I hereby authorize my child to be taken to the following emergency room (check one):

☐ Essentia/St. Mary's ☐ St. Luke's

List any allergies or special/current health concerns: _____

Does your child have prescribed medications? ☐ Yes ☐ No

If yes, what kind and why: _____

Does your child have any of the following, and if so explain:

☐ Special Needs _____

☐ Allergies or Asthma _____

☐ Dietary Restrictions _____

☐ Chronic or recurring illness _____

Does your child have a communicable disease or condition that may prove to be a risk to others?

☐ Yes ☐ No If yes, please comment: _____

Parent's Signature

Date



Independent School District No. 709
Duluth, Minnesota

AUTHORIZATION TO ADMINISTER MEDICATION

Student Name: _____ Birthdate: _____

Address: _____ Phone: _____

School: _____ Grade: _____ Parent(s): _____

Medical Diagnosis: _____

PARENT'S REQUEST AND RELEASE FOR ADMINISTRATION OF MEDICATION

I request and authorize designated school personnel to give the medication listed below to my child. I release school personnel from any liability should reactions result from the medication(s). I give my permission for the School Nurse to contact my physician / dentist / nurse practitioner regarding this medication. I understand that pertinent information will be shared with appropriate school staff.

Medication to be taken at school:

| Name of Medication: | Dose | Time to be given |
|---------------------|-------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Functional restrictions or side effects from medication: _____

I hereby authorize _____
(name and address of releasing facility)

to release information to _____
(individual name, facility/organization and address)

Information to be released:

1. Medication orders for the administration of medication during the school day
2. Health information related to medical orders.

Physician's signature _____
Date

ACKNOWLEDGEMENT OF UNDERSTANDING:

- I understand the expiration date of this authorization is 1 year, to include summer school if applicable.
- I understand that I may revoke this authorization at any time by notifying the providing organization in writing, and it will be effective on the date notified except to the extent action has already been taken.
- I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer be protected by Federal privacy regulations.
- I understand by authorizing this use or disclosure of information, there will be no conditions placed on my health care or payment for my health care.
- I understand I will receive a copy of this form after I have signed it.
- I understand that in compliance with MN Statue 144.33 and WI Administrative Code HHS117, I may be required to pay a fee for retrieval and photocopying of records and/or supervising inspection of medical records.

X _____
Signature of patient, parent of minor, or personal representative _____
Relationship _____
Date

**AUTHORIZATION FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**



Assumption of Risk and Liability Release

Participant's Name: _____

Birth Date _____

School/Group Name: _____

Participant is: ☐ student ☐ parent ☐ teacher ☐ other: _____

As a parent/guardian of the above named child, as a chaperone/teacher in the above noted group, or as an adult person attending Wolf Ridge ELC, I acknowledge and am aware that this program involves certain inherent risks which I unconditionally accept. These risks may include injuries relating to, but not limited to, walking on uneven trails with elevation gains of up to 500 feet in various weather conditions, canoeing (spring, summer and fall), cross country skiing and snowshoeing (winter), rock climbing and belaying, and participating in a high ropes course activity, weather and other peoples' actions. Following appropriate medical consultation, if I am a parent/guardian, I hereby certify that my child is fully capable of participating in the activities and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities. As a teacher, chaperone, or other adult, I make the same certifications for myself. In the event of an accident, illness, or emergency, I authorize treatment by school/group staff, if applicable, Wolf Ridge ELC staff, and emergency medical personnel.

I understand that COVID-19 is a global pandemic, extremely contagious and believed to spread from person to person contact. Wolf Ridge ELC has enacted preventive measures in an attempt to reduce the spread of COVID-19, but cannot guarantee that participants in the program will not become infected. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, or the child identified above may be exposed to or infected by COVID-19 by participating in the Wolf Ridge ELC program.

Accordingly, I and my estate hereby now and forever release the above noted group and Wolf Ridge ELC, including all of their affiliates, personnel, agents, graduate students, staff, directors, trustees, the Board of Trustees, Karen Rylander and Robert Schachter (collectively the "Released Parties") from any and all claims and liabilities with respect to injury, sickness, disease, death, loss or damage sustained by me and the above named child arising from ordinary negligence of the Released Parties in relation to the Wolf Ridge ELC premises, operation of Wolf Ridge ELC's programs, including SEAK, and exposure to COVID-19 in connection with access to Wolf Ridge's premises and programs. This waiver of liability does not waive liability for any injuries sustained as the result of willful, wanton or intentional misconduct. If some other person or entity seeks compensation from any Released Parties for these released liabilities, I, or my estate, will defend, indemnify and hold harmless the Released Parties for all sums incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

I authorize Wolf Ridge ELC to use any photos and videos taken during my and/or my child's visit, including the above named child, to Wolf Ridge ELC in publicity materials for Wolf Ridge ELC.

Parent/Guardian Signature: _____ Date: _____

SIGNER NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL: _____

☐ Yes, I'd like to receive emails about other learning opportunities at Wolf Ridge.



WOLF RIDGESM

ENVIRONMENTAL LEARNING CENTER

Parent Information

Sample Schedule

| | |
|----------------------|------------------------|
| 7:00-8:15 am | Breakfast KP |
| 7:30-8:00 am | Breakfast |
| 8:30-11:30 am | Morning Class |
| 11:45-1:15 pm | Lunch KP |
| 12:15-1:00 pm | Lunch |
| 1:30-4:30 pm | Afternoon Class |
| 4:45-6:15 pm | Dinner KP |
| 5:15-6:00 pm | Dinner |
| 6:30-9:15 pm | Evening Class, or |
| 6:30-7:15 pm | Evening Program, or |
| 6:30-8:00 pm | Evening Activities |
| 8:00-9:00 pm | Campfires, Astronomy, |
| | Journaling time |
| 9:30pm-6:30am | Quiet Hours |

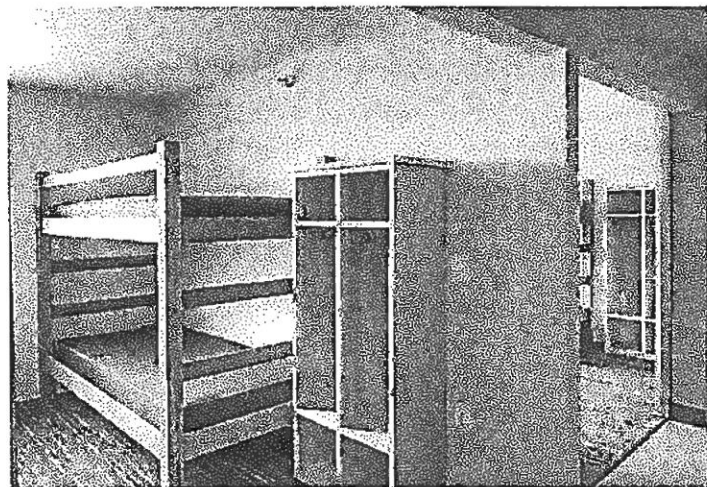
Lodging

There are 2 lodges at Wolf Ridge. **Mac Lodge** and **Summit Lodge**. Both lodges offer day rooms for group meetings and are divided into 4 hallways or sections. Dorm rooms sleep 4-8 and have a private bathroom and shower.

Both lodges contain coin-operated laundry facilities, a courtesy phone for outgoing calls, and a health room/health cart.

Personal storage is Limited. Plan on living out of a pack or suitcase, which can be stored under the bed. Participants must bring their own bedding (sleeping bag and pillow) and toiletries.

We suggest you put your child's name in their belongings. We do our best to return items if informed of loss. You will be asked to pay for return postage.



Contact while at Wolf Ridge

Your child will be very busy at Wolf Ridge, learning and exploring outside and will not be accessible by calling our office. In case of an emergency, and the need to get hold of a participant at Wolf Ridge, you may call 218-353-7414 or 1-800-523-2733 (MN, WI). From 8am to 8pm your call will go directly to the office. After 8pm follow the voice messaging system to reach our on-site staff. Please do not use the emergency voice mail option to deliver a non-emergency message. Messages that are not emergencies will be delivered at the next meal.

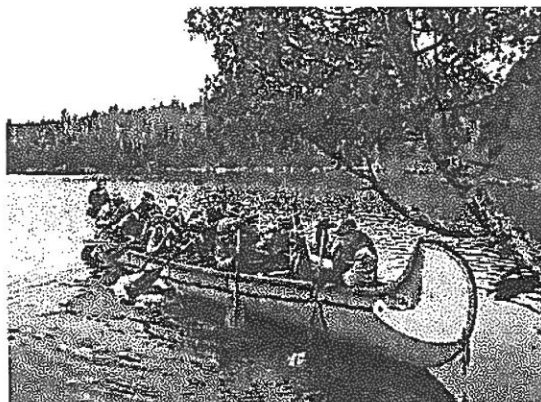


Wolf Ridge cannot print and deliver emails sent to your child. US Mail is delivered each evening at dinner. Please address mail to the student, including the SCHOOL'S name at the below address. Mail should be sent a minimum of four days prior to your stay. Mail arriving after departure will be returned if the return address is provided.

[Child's Name], [School Name]
6282 Cranberry Rd
Finland, MN 55603

Dining

Meals are served cafeteria style, and much of our produce comes from the Wolf Ridge farm. Students participate in Kitchen Patrol during their visit. KP arrives early for the meal and eats. After eating, KP assists with serving the food and cleaning up. At the end of KP, students get a special treat. Students usually love KP and will even ask if they can do it multiple times per trip!



Please contact us at FoodService@wolf-ridge.org if your child's special dietary need is medically subscribed (such as celiac or diabetes). Otherwise, please let the group leader (teacher) know about any dietary restrictions.

Dressing for classes

Wolf Ridge's climate typically is four weeks different than the Metro. Fall comes earlier and Spring comes later. All Wolf Ridge classes spend time outside. Please see our packing list for suggested outdoor gear. Dressing for success in the Northwoods means staying dry and warm!





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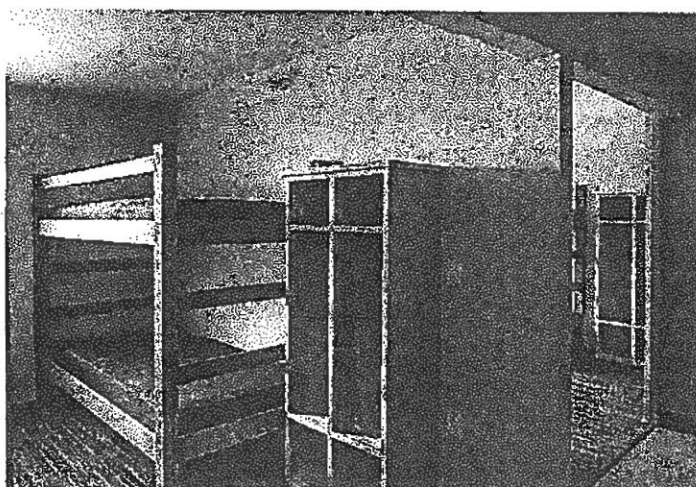
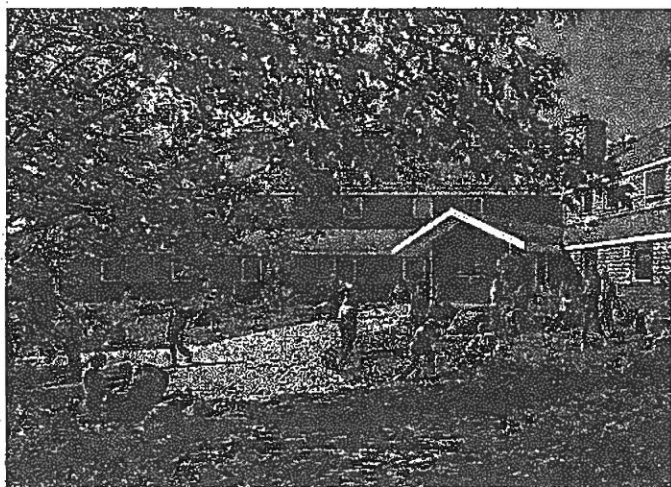
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