

# FIELD TRIP INSTRUCTIONS – 1/29/2024

Please use this helpful checklist when submitting Field Trip Requests

**ALL FIELD TRIPS MUST BE BOARD APPROVED  
PRIOR TO THE TRIP**

**PRIOR TO SCHEDULING AND/OR SUBMITTING YOUR  
FIELD TRIP, PLEASE CHECK THE “FIELD TRIP  
CALENDAR” ON THE GOOGLE CALENDAR.**

**DUE TO LIMITED TRANSPORTATION AVAILABILITY, ONLY  
ONE (1) FIELD TRIP PER DAY WILL BE PERMITTED**

**FIELD TRIPS THAT REQUIRE TRANSPORTATION TO/FROM THE AIRPORT, MUST  
BE NEWARK AIRPORT ONLY. ALL RETURNING FLIGHTS MUST ARRIVE NO  
LATER THAN 8:00 P.M.**



## SUBMIT THE FIELD TRIP REQUEST

- ☐ Obtain blank Field Trip Form from Main Office or on our webpage under; Documents, District Forms:
  - ☐ Day Trips use Exhibit 2340-B
  - ☐ Overnight Field Trips use Exhibit 2340-A **AND** Exhibit 2340-B.
- ☐ Complete the Field Trip Form(s)
- ☐ If there are additional chaperones that are **NOT** currently employed by Lakeland, they **MUST** complete the Volunteer Criminal History Procedure. Contact Cathy Pagana for this information.
- ☐ Bring your *completed* form to your Supervisor or the Assistant Principal for signature. This form then goes to the Assistant Superintendent's Office (Mike Novak) for further processing.
- ☐ Overnight Field Trips **MUST** include an itinerary of daily activities
- ☐ **MUST** include student roster

## AFTER YOUR FIELD TRIP IS BOARD APPROVED

- ☐ You will receive notification that your Field Trip has been Board Approved (or denied)
- ☐ If your Field Trip is during the school day, enter your absence in Aesop
- ☐ Inform Gail Schwarz, ext. 140 of your anticipated absence
- ☐ Be sure to email Janet Ross of those students attending the Field Trip for attendance purposes
- ☐ Beyond school hours and overnight trips, the following forms must be completed:
  - ☐ Student Self Medication Administration Form
  - ☐ Luggage Search Form

## IMPORTANT ITEMS TO NOTE

- Field Trip Forms must be submitted at least **4-5 weeks** prior to the date of the trip for Board Approval.
- **ALL** overnight or out-of-state Field Trip Forms **MUST** be submitted **three (3) months in advance** of the trip for Student Focus Committee Review and then Board Approval.
- Make sure your forms are complete to avoid delays in approval
- If your trip is cancelled please notify Gail Schwarz, Diane Maskley, and Cathy Pagana via email.
- If your approved trip date changes, please complete a new field trip form and email to Gail Schwarz, Diane Maskley and Cathy Pagana

**OVER NIGHT FIELD TRIPS**

**\*\* Preliminary Request for Overnight Field Trip – Must be submitted at least three months in advance of the anticipated date to the Supervisor for Class, Assistant Principal for Student Activities or Athletic Director for Athletic Activities.**

Teacher/Advisor/Coach: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Is there an organization, club, or class that would be sponsoring the trip?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, identify the potential sponsoring group: \_\_\_\_\_

Destination of proposed trip: \_\_\_\_\_

Proposed date(s): \_\_\_\_\_

Proposed means of travel: \_\_\_\_\_

Approximate number of students who could be accommodated:

Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

**Must provide student roster. Reminder: students must be at zero (0) points to attend by trip date.**

Purpose of the trip: (Be as specific as possible) – **MUST provide an itinerary of daily activities.**

Will you or a supporting parent organization seek additional funds from the Board of Education?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes – what funds: \_\_\_\_\_

Will student fees pay the total cost of the trip or do you also plan to seek approval for fund raising from the Assistant Principal?

Number of chaperones: Faculty \_\_\_\_\_ Parents \_\_\_\_\_ Administrators \_\_\_\_\_  
(One (1) teacher or adult per twenty-five (25) students)

Supervisor **OR** Assistant Principal Review/Recommendation: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Assistant Superintendent Review/Recommendation: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

**\*\*The only exception to the 3 month submission requirement will be when students are involved in competitions which require their attendance and which cannot be determined ahead of time.**

**Note:** Written approval by the Chief School Administrator will authorize the group to survey student interest; research a possible itinerary, accommodations and date. At this point, no deposits can be collected, reservations made, or contracts signed. When more information has been collected, the Chief School Administrator will request Board of Education approval for the field trip. Upon approval by the Board of Education, plans can be finalized, student deposits taken, and reservations made.

Date: October 14, 2003  
Revised: May 19, 2009  
Revised: November, 2019  
Revised: January 29, 2024

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**REQUEST FOR DAY FIELD TRIP**

Teacher/Advisor/Coach: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Name of Class/Club/Sport: \_\_\_\_\_ Date of Trip: \_\_\_\_\_  
(Day) (Date)Field Trip To: \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_Purpose of Trip (Be specific – list objectives – attach additional information, such as itinerary):  
\_\_\_\_\_  
\_\_\_\_\_

Number of students involved: \_\_\_\_\_ \*Proposed cost for each student: \_\_\_\_\_

Departure time from school: \_\_\_\_\_ \*Board appropriations account to be charged: Yes \_\_\_\_\_ No \_\_\_\_\_  
11-000-270-512-02 (Transportation)

Return time to school: \_\_\_\_\_

Teachers involved: \_\_\_\_\_

Is coverage needed for your classes? \_\_\_\_\_ Which Classes? \_\_\_\_\_

Additional chaperones: \_\_\_\_\_

Permission slips to students: Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE TO TEACHER/ADVISOR/COACH:**

- Trip forms must be turned in to the Main Office at least **4-5 weeks** before the date of the trip for Board Approval.
- If the trip is cancelled, the Board Office as well as Gail Schwarz, Diane Maskley and Cathy Pagana **must** be notified prior to the day of the trip.
- If the trip is rescheduled to another date and has already been board approved – a **NEW** Field Trip Form **MUST** be completed and emailed to Gail Schwarz, Diane Maskley and Cathy Pagana
- All transportation arrangements are to be made by the teacher in charge **through the business office ONLY**. A purchase order is required to be executed.
- A list of students going on the trip must email to Janet Ross at least twenty four (24) hours before the day of the trip.
- Teachers may not use their vehicles to transport students unless they have received permission from the Board Office and have provided a copy of their insurance card, registration, and license to the Board Office.

Supervisor **OR** Assistant Principal Signature \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Superintendent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY BOARD OFFICE**

Confirmation: Transporter/Contractor \_\_\_\_\_  
 Cost \_\_\_\_\_  
 Departure Time \_\_\_\_\_  
 Date of Trip \_\_\_\_\_

Business Administrator's Approval \_\_\_\_\_ Date: \_\_\_\_\_

Transportation to be paid by Board Funds? Yes \_\_\_\_\_ No \_\_\_\_\_

Other expenses to be paid by Board? Yes \_\_\_\_\_ No \_\_\_\_\_

Date: October 14, 2003

Revised: October 7, 2008

Revised: May 19, 2009

Revised: November, 2019

Revised: March, 2023

Revised: **January 29, 2024**



**Lakeland Regional High School**  
205 Conklintown Road, Wanaque, NJ 07465

Please return this form to: \_\_\_\_\_

By: \_\_\_\_\_

With \$ \_\_\_\_\_ (Make checks payable to Lakeland Regional High School)

### Field Trip Form

<b>STUDENT REQUEST – To be completed by student:</b>					
Name:		A-Day Homeroom:		B-Day Homeroom:	
Address:				Student ID #:	
Home Phone #:		Student Cell #:			
I hereby request permission to participate in					
at/to		to be held on			
from (time leaving)		to (time returning)			
Round-trip transportation from Lakeland Regional High School to the activity will be by:					
If I am permitted to engage in this activity, I agree to observe all the conditions and rules established for this activity as well as to follow all LRHS rules.					

Date

Student Signature

<b>PARENT/GUARDIAN PERMISSION – To be completed by parent/guardian:</b>	
I hereby give my permission for my son/daughter to participate in the above activity.	
Student's Name:	
Place and Date of Activity:	
Parent Contact Phone Number:	

I have noted the mode of transportation to be used and the anticipated time of arrival back at Lakeland Regional High School.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone #



Lakeland Regional High School  
205 Conklintown Road, Wanaque, NJ 07465

## FIELD TRIP INFORMATION

(Attach permission slips to this form and  
bring to the Main Office prior to trip.)

<b>Date of Trip:</b>	<b>Time:</b> _____ <b>to</b> _____	<b>Destination:</b>
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<b>Name of Carrier:</b> (Bus/Airline, etc.)		<b>Phone#</b>
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<b>Teacher's Name:</b>		<b>Cell Phone #</b>	
<b>Teacher's Name:</b>		<b>Cell Phone #</b>	
<b>Teacher's Name:</b>		<b>Cell Phone #</b>	
(List additional names on reverse side.)			
<b>Chaperone's Name</b>		<b>Cell Phone #</b>	
<b>Chaperone's Name</b>		<b>Cell Phone #</b>	
<b>Chaperone's Name</b>		<b>Cell Phone #</b>	
(List additional names on reverse side.)			
<b>Student's Name:</b>	<b>Cell Phone #:</b>	<b>Parent's Name</b>	<b>Phone #</b>
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**Lakeland Regional High School**  
**205 Conklintown Road, Wanaque, NJ 07465**

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**Student Self Medication Administration Form**

**PHYSICIAN ORDER AND PARENT/GUARDIAN AUTHORIZATION FOR SELF MEDICATION ADMINISTRATION**

(Please complete one form for each medication.)

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Reason for medication or diagnosis: \_\_\_\_\_

School Year: \_\_\_\_\_

**SELF-ADMINISTRATION OF MEDICATION BY STUDENT**

Only emergent/urgent medication will be considered for self-administration by a student. The student will be evaluated on an individual basis regarding the need to carry medication. This **Student Self Medication Administration** form is required and must be signed by the student's physician/healthcare provider and parent verifying the necessity and student's ability to self-administer the medication appropriately. The District will not incur any liability as a result of any injury arising from the self-administration of medication. By requesting the student self-administer medication, the parent/guardian agrees to indemnify and hold harmless the Lakeland Regional Board of Education against any injury claims that arise as a result of the student's self-administration of medication. Please be sure to complete ALL of the information on this authorization form before returning it to school. The permission to self-administer medication is effective only for the school year for which approval is granted. This authorization must be renewed each school year.

**PHYSICIAN'S ORDER**

***TO BE COMPLETED BY PHYSICIAN***

1. I have examined this student for (diagnosis): \_\_\_\_\_ and have determined that he/she requires access to personal emergency medication during overnight field trips. The student is under my supervision as a patient for diagnosis and treatment.
2. Name of Medication \_\_\_\_\_
3. Date Prescribed \_\_\_\_\_ Date Discontinued: \_\_\_\_\_
4. Dosage & Route: \_\_\_\_\_
5. Purpose of Medication: \_\_\_\_\_
6. How soon may it be repeated: \_\_\_\_\_
7. Precautions/Side effects: \_\_\_\_\_
8. Any other relevant instructions/information \_\_\_\_\_  
\_\_\_\_\_

9. The student is able to self-administer his or her own medication at the appropriate time and in the appropriate way.
10. The student has been instructed in the proper administration of the medication by me or a member of my staff.
11. I understand that self-administered medication is not provided by or monitored by the school staff.

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

License/Credentials: \_\_\_\_\_

Agency/Organization/Practice: \_\_\_\_\_

Address: \_\_\_\_\_

**PARENT/GUARDIAN STATEMENT**  
**TO BE COMPLETED BY PARENT/GUARDIAN**

I, the undersigned Parent(s)/Guardian(s) of \_\_\_\_\_ request, authorize, and give consent for the above-named student to self-administer the above medication, as authorized by the student's physician. I understand that the student will be carrying medication and is responsible for its theft, loss, misuse, or damage. I further accept responsibility for making sure that the student carries the drug at all times.

***Indemnification/Hold Harmless Agreement***

I, the undersigned, am the parent/guardian, of the above-identified student. I hereby agree to indemnify, defend, release and hold harmless the Lakeland Regional Board of Education, and its employees and agents, from and against any and all claims, actions, costs, expenses, damages, liabilities, losses, and expenses, including reasonable attorney's fees, arising from, connected with, or resulting from, either directly or indirectly, the self-administration of medication of the above-named student. I have read this agreement and understand all its terms. I sign it voluntarily and with full knowledge of its significance. I understand that self-administered medication is not provided by or monitored by the school staff.

This agreement shall take effect on the date listed below and shall stay in effect for as long as the student is provided permission to self-administer medication.

X \_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Print Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_





**Lakeland Regional High School**  
205 Conklintown Road · Wanaque, NJ 07465  
(973) 835-1900 ext. 125

**No student will be allowed to participate in the school activity listed below unless PART I or PART II is completed and signed by a parent or guardian.**

**Information:** \_\_\_\_\_  
*Title of Activity, Location, and Date(s)*

**PART I  
CONSENT TO SEARCH**

I, \_\_\_\_\_, give my consent to administration of Lakeland  
Print Parent's or Guardian's Name  
Regional High School and their officially designated representatives to search the luggage of my  
child, \_\_\_\_\_, in connection with the school activity  
Print Student's Name  
scheduled for the above date. Also, I give my consent for any search, deemed advisable, of my child's  
lodgings while on the trip.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

**PART II  
CERTIFICATION OF CONTENTS AND DELIVERY OF LUGGAGE**

I, \_\_\_\_\_, certify that I will search and deliver the luggage  
Print Parent's or Guardian's Name  
of my child, \_\_\_\_\_, and it will not contain any illegal or prohibited  
Print Student's Name  
items. Also, I give my consent for any search, deemed advisable, of my child's lodgings while on the trip.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date