



Office of Student Activities

FIELD TRIP CHECK LIST

Use this checklist to ensure all required documents and information are submitted

Organization Name: _____

Advisor Name: _____ Telephone Number: _____

Event: _____

In State or Out of State

Destination Purpose: _____

Departure Date and Time: _____

Return Date and Time: _____

- Field Trip, Transportation, Special Travel Request Form
 - o **ONLY** if you are making bus reservations or vehicle rental
- Travel Request Form
- Accommodations List (*If Needed) N/A
- Copy of Club Minutes
- List of Advisor and Student Participants with Student ID number
- Waiver of Claims and Consent to Treatment for each participant
- Trip itinerary/Conference Registration information (program, general description, schedule, etc.)

DISTRICT MISSION STATEMENT

San Joaquin Delta Community College District serves the needs of students and the District community by providing excellent post-secondary education to the associate degree level, general education and preparation for transfer to other post-secondary institutions, career and technical education, economic development, and the development of intellectual autonomy. To achieve this objective, the faculty and staff are committed to offering high quality instructional programs, student services, and efforts to enhance the public good. Using the institution's governance and decision-making process, the institution reviews its mission statement on a regular basis and revises it as necessary.



FIELD TRIP, TRANSPORTATION, SPECIAL TRAVEL REQUEST

Date of Request _____

- Curricular Field Trip Extra Curricular Field Trip Out of State Trip
- College Outreach

STUDENTS WILL MISS OTHER CLASSES: YES NO (ATTACH LIST OF NAMES)

DESTINATION: _____ CITY: _____

NAME OF OVERNIGHT ACCOMMODATIONS (if applicable): _____ CITY: _____

DATE OF DEPARTURE: _____ TIME: _____ AM PM

DATE OF RETURN: _____ TIME: _____ AM PM

PLACE OF DEPARTURE: _____ PARKING LOT: _____

TYPE OF TRANSPORTATION: BUS (49) BUS (24) SUV (7)

SEDAN (5) BUS (56) Rentals or Charter _____ NUMBER OF VEHICLES: _____

NUMBER OF STUDENTS: _____ (ATTACH LIST OF NAMES)

NUMBER OF FACULTY/STAFF/APPROVED VOLUNTEERS: _____ (ATTACH LIST OF NAMES)

INSTRUCTOR IN CHARGE: _____ TELEPHONE NUMBER/EXTENSION: _____

BUDGET(S) TO BE CHARGED * **required field**

Oracle Account Number _____

COMMENTS/SPECIAL INSTRUCTIONS: _____

REQUIRED SIGNATURES: (Print form and have signed) In accordance with Board Procedure 6401 I certify that ALL student participants are enrolled in course

_____ and/or are members of _____ campus organization.

X

FACULTY/CLUB ADVISOR/CLASSIFIED STAFF SIGNATURE DATE

X

DIVISION CHAIR/SUPERVISOR OF STUDENT ACTIVITIES DATE

X

ASSISTANT SUPERINTENDENT, VICE PRESIDENT OF INSTRUCTION or VICE PRESIDENT OF STUDENT SERVICES:

SUBMIT TO YOUR DIVISION CHAIRPERSON/ADVISOR, THEN TO THE VICE PRESIDENT OF INSTRUCTION or VICE PRESIDENT OF STUDENT SERVICES FOR APPROVALS. IF YOUR TRIP IS APPROVED, YOU WILL RECEIVE YOUR REQUEST COPY BACK. REQUESTS MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE DESIRED DATE.



Accommodations List

Name:

Accommodation:



Advisor and Student List

Event: _____

Address: _____

	Names	ID#
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Administrative Procedure 4301 Waiver of Claims and Consent to Treatment

Waiver of Claims and Consent to Treatment

Division: _____ Class: _____ Faculty Member: _____

Field Trip Destination: _____

Departure:

Date: _____, 20 _____ Time: _____ a.m. p.m

Depart From: _____

Return:

Date: _____, 20 _____ Time: _____ a.m. p.m

Location of Return: _____

Mode of Transportation: _____

The undersigned student acknowledges receipt of this form providing notification of the above-described field trip(s). The undersigned student (check one): _____ will attend the field trip(s); _____ will not attend the field trip(s) and requests that the absence(s) be excused. **(Reasons for not attending must be explained: _____).**

The District will provide free transportation to and from the destination. Students who do not use District-provided transportation shall not be permitted to participate in field trip activities, shall not receive credit for the field trip, and shall not be granted an excused absence from other classes missed.

Waiver of Claims

I voluntarily apply to go on the identified field trip(s) or excursion(s) and do hereby waive, relinquish, and agree not to pursue any claims, actions, or demands against San Joaquin Delta Community College District, its Trustees, officers, professors, supervisors, its agents, or other employees for injury, accident, illness, or death which may arise out of, or occur during or by reason of said field trip or excursion. This waiver is intended to apply to myself and any of my heirs, guardians, successors, or legal representatives. The undersigned student acknowledges that he or she has received this form, has read and understands it, and agrees to be bound by its terms.

Student Name (Please Print)

Student Signature

Dated: _____

Consent to Treatment

In case of medical emergency, the undersigned hereby authorizes College personnel to obtain emergency treatment from a physician, emergency care facility, hospital, paramedic unit, or from such other sources as may seem appropriate under the circumstances.

Student Name (Please Print)

Student Signature

Dated: _____

Name and Phone Number of Student's Regular Physician: _____ () _____

Address of Physician: _____

If student is under the age of eighteen (18) and has not been declared an emancipated minor, this form must be signed by the student's parent or legal guardian.

Name of Parent or Legal Guardian (Please Print)

Signature of Parent or Legal Guardian

Dated: _____

Phone Number of Parent or Guardian: (Day) _____ (Evening) _____