



KENAI PENINSULA BOROUGH SCHOOL DISTRICT

Sam Stewart, Assistant Superintendent
148 North Binkley Street Soldotna, Alaska 99669-7553
Phone (907) 714-8858 Fax (907) 262-5867
Email: sstewart@kpbsd.k12.ak.us

Memorandum

TO: Board of Education

FR: Sam Stewart, Assistant Superintendent

RE: Board Policy Review Worksession

Date: January 8, 2007

At the request of the Board, the following policies once again have been reviewed by the Policy Review Committee and are attached for additional review prior to request for approval at the Board Meeting.

- *BP 5131.6 Alcohol and Other Drugs* – revised as recommended by legal counsel.
- *BP & AR 5141.21 Administering Medication* – revised as recommended by legal counsel
(For discussion purposes E 5141.21 (a-f) are also attached)

The following changes from the December 4, 2006 meeting are recommended. These changes are highlighted in the attached.

- BP 5131.6(a): addition of the phrase “following a due process hearing pursuant to applicable School Board Policies.”
- AR 5141.21(b): change from EpiPen to EpiPen®.
- AR 5141.21(b): deletion of “in advance” from the bottom of the page.
- AR 5141.21(c): addition of the Legal Reference.

The Board has also requested an opportunity to discuss the attached Field Trip Policies:

- *BP & AR 6153 School-Sponsored Trips*
- *E 6153 (a-f)*
- *AR – E 6153.1 School-Sponsored Trips/Special Medical Needs*

Topics of discussion on field trips policies include

- Time students are out of school,
- Safety of students, particularly on out of country field trips;
- Tour groups – teachers planning private tours with their students which are not falling under the umbrella of the school district.
- Field trips groups traveling out-of-state or internationally where community members are recruited to come along. There may end up being more community members than students. This, in effect, is using school resources and personnel to arrange, manage and collect monies for the trip.
- Age appropriateness for groups traveling out-of-state or internationally,
- Fairness—often students whose parents can’t afford the trip are unable to go,
- Medical conditions including diabetics may require need for nurse to go along which in addition to short-staffing the nursing staff at the school, also costs overtime monies,
- Cocurricular trips.

ALCOHOL AND OTHER DRUGS

It is the intent of the Kenai Peninsula Borough School District to maintain a drug-free school environment so learning can take place; to educate students so they are aware of the issues and problems related to the use of drugs, alcohol, and controlled substances; to identify students who have chemical abuse problems; to refer students for treatment services which are beyond the scope of the schools; and to remove students possessing, distributing or selling drugs or alcohol in the school setting from that environment.

Prohibited Substances and Items

The substances and items prohibited by this policy include, but are not limited to: alcohol; prescription drugs (except as authorized by BP 5141.21); anabolic steroids; narcotic drugs, hallucinogenic drugs, amphetamines, barbiturates, marijuana, or any other controlled substance; intoxicants or depressants of any kind; items used as an inhalant, including paints, gasoline, glue, or similar items; over the counter stimulants of any kind, including caffeine-based substances other than beverages, substances containing phenylpropanolamine (PPA), or other similar drugs; drug paraphernalia, and imitation drugs. Imitations drugs mean pills, capsules, tablets, powders, liquids, inhalants or other items which are designed to look like or are represented to be prohibited drugs or alcohol.

Possession/Under the Influence During School

A student who is determined to be in possession and/or under the influence of prohibited substance or item as defined by this policy at school or at any school-sponsored activity shall be reported to the appropriate law enforcement personnel, his/her parent(s)/guardian(s), and shall be subject to suspension for up to 45 days by the school administrator following a due process hearing pursuant to applicable School Board policies. In more serious cases, violators may be recommended for expulsion to the Board of Education.

Deleted: drugs, alcohol, controlled substances, drug paraphernalia, inhalants, or any substance designed to look like or represent such a drug

(cf. 5144.1 - Suspension and Expulsion)

Refusal to submit to a Breathalyzer and/or urinalysis, or any other lawful, reasonably reliable test as authorized by the Superintendent as required by this policy to determine whether a student has used alcohol or other drugs in violation of School Board policies will result in a suspension of not less than 30 student school days and not to exceed 45 student school days. Refusal to submit to such a test will be treated as a positive determination of drug or alcohol use per this policy.

Prior to readmittance to school, the student shall participate in a conference with his/her parents(s)/guardian(s) and the school administrator to determine conditions for readmittance.

ALCOHOL AND OTHER DRUGS (continued)

Selling, Offering for Sale, Agreeing to Purchase or Distributing

A student selling, offering for sale, agreeing to purchase, or distributing prohibited substances or items defined in this policy shall be reported to the appropriate law enforcement personnel and his/her parent(s)/guardian(s), and will be suspended immediately following a due-process hearing pursuant to applicable School Board policies, and may be recommended for expulsion to the Superintendent who will review the matter. Based on this review, the Superintendent may recommend to the Board of Education that the student be expelled from the Kenai Peninsula Borough School District.

Deleted: alcohol, drugs or other

(cf. 5144.11 – (Due Process))

Legal Reference:

ALASKA STATUTES

- 04.16.080 Sales or consumption at school events*
- 14.20.680 Training required for teachers and other school officials*
- 14.30.360 Curriculum (Health and Safety Education)*
- 14.33.110-.140 Required school disciplinary and safety program*
- 47.37.045 Community action against substance abuse grant fund*

Elementary and Secondary Education Act, 20 U.S.C. §§ 7116, 7163, as amended by the No Child Left Behind Act of 2001 (P.L. 107-110)

KENAI PENINSULA BOROUGH SCHOOL DISTRICT

Adoption Date: _____

Deleted: 10/18/2004

ADMINISTERING MEDICATION

The School Board recognizes that some students need to take medication during school. For the purpose of this document, medication will be defined as any substance, whether prescription or over-the-counter, taken by any means consistent with general medication practice and with the intent of altering an existing condition. All students taking medication during school hours are to follow the procedures set out in AR 5141.21. Failure to do so releases the District of any liability resulting from incorrect or improper use of this medication.

Deleted: Requests for administration of medication that is not imperative for student health maintenance or school program participation may be denied.

Medication given at school must comply with all Federal and State laws and regulations and follow current medical and District standards. Medication requests must be processed through the school nurse, school administrator or designee, or follow a written school policy. Requests for administration of medication that is not imperative for student health maintenance or school program participation may be denied. Non-licensed personnel designated to administer student medications must document appropriate training.

Asthma Medications and Anaphylactic Injection

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The Board recognizes that some students have allergies of such severity that they may require an emergency anaphylactic injection during the course of the school day. The Board also recognizes that some schools must have at least one non-licensed staff member prepared to administer this medication in the event of an anaphylactic reaction.

School staff who may be required to administer medication for anaphylactic reactions shall receive annual training from the nurse or other qualified medical personnel. This training will authorize them to administer the injections within the legal provisions of law and afford appropriate liability protection.

The Board recognizes that some health care providers for some students have identified the need for these students to self-administer their asthma inhaler or anaphylaxis medication. Students will be permitted to carry and self-administer their own asthma inhaler and/or anaphylaxis medication provided they have written authorization for self-administration from their health care provider. This authorization will include a signed written treatment plan which will be kept on file at the school. Written authorization must be submitted any time there is a change and annually.

Parents/guardians of students who have an identified allergy resulting in anaphylaxis are required to provide the school with this medication for their child.

(cf. 5141 - Health Care and Emergencies)

Penalty for Violation

Any student use, possession, or distribution of medication is prohibited unless permitted by this policy and District procedures related to administering medication. Students who have obtained permission to carry and/or use medication are prohibited from sharing the medication or exceeding the recommended dosage. Students using, possessing, distributing, or selling medication in violation of this policy will be disciplined under District policies and rules related to alcohol and drug violations.

(cf. 5131.6 Alcohol and Other Drugs)

Legal Reference:

ALASKA STATUTES

09.65.090 - Civil liability for emergency aid

KENAI PENINSULA BOROUGH SCHOOL DISTRICT
Adoption Date: 10/18/04

ADMINISTERING MEDICATION

Procedures for the safe and timely administration of medication to students while at school shall incorporate the following:

1. For students in Grades K–8
 - a. A signed medication request form must be on file in the nurse’s office. (Refer to the District Nursing Procedure Manual for appropriate use and information on medication forms.)
 - b. Medication dispensed by the nurse or other school employees must be secured in a locked cabinet. Students will be allowed to carry asthma inhalers and anaphylaxis medication with health provider, parent, administrator and school nurse approval.
2. For students in Grades 9–12
 - a. For prescription medication, a signed medication form must be on file. Medication dispensed by the nurse or other school employees must be secured in a locked cabinet. Students will be allowed to carry asthma inhalers and other approved medications with parent, administrator and school nurse approval.
 - b. For over-the-counter (OTC) medications, students may be allowed to carry common, recognizable OTC medications under the following conditions:
 1. The medication must be in its original container.
 2. The medication container is of small size or holds only a reasonable supply.
 3. The medication container contains only the medication identified on its label.
 4. The OTC medication is used for self-medication only. Under no condition is sharing with another student acceptable.
 5. The contents of the OTC container are available immediately upon request for viewing by school administration to determine compliance with this and other school policies.

Students

AR 5141.21(b)

ADMINISTERING MEDICATION (continued)

Any questions regarding protocol or acceptability of medications should be directed to the school administrator or school nurse.

3. Training of nonlicensed school personnel shall include the following:
 - a. The school nurse will provide the training using the Training Manual for Medication Administration.
 - b. Training will be provided annually before October 1.
 - c. Documentation of the training will be kept by the school nurse.
 - d. The building administrator and the school nurse will designate who will administer medications including EpiPen® for anaphylaxis in the nurse's absence.
4. A medication record (E 5141.21 (b) and/or (d)) shall be maintained and must include the student's name, name of medication, dosage, time and initials of the person administering medication. A photo of the student may be placed on the long-term administration form.

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All students taking medication during school hours are to follow the above procedures through the school nurse. Failure to do so releases the District of any liability resulting from incorrect or improper use of this medication.

Emergency Care and Medications

On-site provisions for first aid and emergency care shall be developed and made known to the staff at each school. These provisions should incorporate the following:

1. First Aid: The nurse or another identified, trained person(s) shall be responsible for administering first aid. The First Aid Chain of Command (located in the Nursing Procedure Manual) shall be visibly posted and verbally identified in order to facilitate quick action.
2. Emergency Care: In emergencies, the nurse or Principal should make whatever arrangements are necessary for the immediate emergency care of injured or ill students. Every effort will be made to contact parents,

Deleted: in advance.†

ADMINISTERING MEDICATION (continued)

3. Incident Reports: The teacher or other staff member responsible for the child at the time of the incident shall complete a District Student Injury/Incident Report (E 3530a).
4. Student Medical Records: Cumulative medical records shall include known information regarding allergies, current medications, medication reactions, medical conditions, immunizations and other pertinent information. If emergency medical treatment is necessary, a copy of this cum card will be made available to the emergency personnel.
5. Sending a Student Home: A student who is ill or injured shall be released to a parent/guardian or, if not available, to a person the parent/guardian has identified as an emergency contact. Older students with a minor illness or injury may be sent home after receiving verbal parental permission. The name of the person granting permission should be documented.

Legal Reference

ALASKA STATUTES

14.30.141 Self-administration and documentation of medication

**SHORT-TERM MEDICATION REQUEST
--- PRESCRIPTION ---**

School personnel may administer currently prescribed medications for a period not to exceed two weeks. Medications must be delivered to the school in labeled prescription containers marked with the student's name.

All information requested below must be provided.

Name of Student _____ Grade _____

School _____ Birthdate _____

PRESCRIPTION MEDICATION

MEDICATION CHILD IS TAKING _____

TIME AND DOSAGE TO BE GIVEN AT SCHOOL _____

Prescription # _____ Pharmacy _____

Date of prescription _____ Date to be discontinued _____

Physician _____ Physician's phone _____

Requests to administer medication at school must be for medication necessary to maintain student health and participation in the school program.

PARENT STATEMENT _____ **DATE** _____

As parent/guardian of the above named student, I authorize school employees who have been trained in medication administration to dispense medicine to my child.

My child is being treated for the following condition _____.

I understand that the school is not legally obligated to administer medication to my child and, therefore, agree to hold the School District harmless from any liability for the results of the medication or the manner in which it is administered, and to indemnify the School District and its employees for any liability arising out of these arrangements. I will notify the school nurse immediately if the health provider makes changes to the medication schedule.

Parent / Guardian Signature Phone _____
Home Work/Contact

Date Approved _____ by _____
(School Nurse Signature)

KENAI PENINSULA BOROUGH SCHOOL DISTRICT

**STUDENT MEDICATION RECORD
SHORT-TERM PRESCRIPTION**

SCHOOL _____

Student _____ Special Instructions/Precautions _____

Medication _____

Dosage _____

Time Ordered _____

Date	Time	Initial

Date	Time	Initial

PERSON GIVING MEDICATION

Initial	Signature	Initial	Signature

**OVER-THE-COUNTER MEDICATION REQUEST
--- NON-PRESCRIPTION ---**

School District personnel may administer, at the nurse's discretion, over-the-counter/non-prescription medications for a limited period of time. Medications must be delivered to the school in the original containers marked with the student's name.

All information requested below must be provided.

Name of Student _____ Grade _____

School _____ Date of Birth _____

**OVER-THE-COUNTER MEDICINE
-- NON-PRESCRIPTION --**

MEDICATION _____

TIME AND DOSAGE TO BE GIVEN AT SCHOOL _____

Beginning Date _____ Date to be discontinued _____

**Requests to administer medication at school must be for medication necessary to
maintain student health and participation in the school program.**

PARENT STATEMENT

DATE _____

As parent/guardian of the above named student, I request that school personnel dispense the above medication to my child for the following condition: _____.

I understand that the school is not legally obligated to administer medication to my child and, therefore, agree to hold the School District harmless from any liability for the results of the medication or the manner in which it is administered, and to indemnify the School District and its employees for any liability arising out of these arrangements. I will notify the school nurse immediately if I wish to terminate this medication request.

Parent / Guardian Signature Phone _____ Home _____ Work/Contact _____

Date Approved _____ by _____
(School Nurse Signature)

KENAI PENINSULA SCHOOL DISTRICT

**STUDENT MEDICATION RECORD
NON-PRESCRIPTION OTC**

STUDENT _____ **MEDICATION** _____

SCHOOL _____ **DOSAGE/TIME** _____

SPECIAL INSTRUCTIONS/PRECAUTIONS: _____

Date	Time	Initial

Date	Time	Initial

Date	Time	Initial

PERSON GIVING MEDICATION

Initial	Signature	Initial	Signature

**LONG-TERM MEDICATION REQUEST
--- PRESCRIPTION ---**

School personnel may agree to honor parent requests for the administration of prescribed medication to students. Any medication sent to school without proper identification will not be given. Medication must be in the most current prescription container that indicates: student name, dosage, physician, pharmacy, date issued and prescription number. This form, or a written statement signed and dated by the physician supporting this request is required for all medications prescribed for more than two weeks.

PARENT STATEMENT **DATE** _____

I request that prescription medication be given to my child, _____.
I understand that the school is not legally obligated to administer medication to my child and that in the absence of the school nurse, another school employee will administer the medication. I agree to hold the School District harmless from any liability for the results of the medication or the manner in which it is administered, and to indemnify the School District and its employees for any liability arising out of these arrangements. I will notify the school nurse immediately if the physician makes a change to the medication schedule.

MEDICATION CHILD IS TAKING: _____

TIME TO BE GIVEN _____ **SCHOOL ATTENDING** _____

NAME OF PRESCRIBING PHYSICIAN _____

_____ Phone _____

Parent / Guardian Signature Home Work/Contact

PHYSICIAN'S STATEMENT **DATE** _____

_____ must receive prescribed medication during school hours for
(Student's Name)
the following condition: _____
This medication is necessary for student health maintenance and participation in the school program.

MEDICATION _____ **DOSAGE** _____

BEGINNING DATE _____ **ENDING DATE** _____

POSSIBLE SIDE EFFECTS _____

_____ Phone

Date Approved _____ by _____
(School Nurse Signature)

KPBSD FIELD TRIP REQUEST FORM

DEFINITIONS AND TIME LINES

Routine: These trips are one day or less and require PRIOR approval by local administrator. A completed copy of this form for each routine field trip, approved by the site administrator, **shall be on file in the site administrator's office.**

Extended In-State: These trips last two or more days and involve overnight accommodations. They require thirty- (30) days' PRIOR approval by the site administrator. A completed copy of this form for each extended in-state field trip, approved by the site administrator, **shall be on file in the site administrator's office. Two weeks after each quarter, site administrators must send a list of approved extended in-state field trips taken that quarter to the assistant superintendent of instruction.**

Extended Out-of-State: These trips require approval by the site administrator and assistant superintendent of instruction. **The completed request form and attachments shall be sent to the Assistant Superintendent of Instruction prior to final planning or fundraising or three (3) months prior to the planned excursion.**

Requests for out-of-state field trips shall include (1) approval by the local administrator, (2) completed *Field Trip Request Form (E 6153 a, b)* including principal sign-off on each of the assurances on page 2 of this form, and (3) completed *Field Trip Questionnaire (E 6153 c, d)* with appropriate attachments.

A follow-up report will be submitted to the assistant superintendent of instruction two weeks after return from extended out-of-state field trips.

Type of Trip (Check One)

Routine: _____ Extended In-State: _____ Extended Out-of-State: _____

Trip Information

School: _____	Destination: _____
Teacher: _____	Trip Dates: _____ to _____
Grade/Class: _____	Depart Time: _____
No. Students: _____	Return Time: _____
Additional Teachers, Sponsors, Chaperones: _____	

Travel Information and Expenses (Check Each That Applies)

District Bus: _____	Private Auto: _____
Aircraft: _____	Boat: _____
Commercial Carrier: _____	Other (Specify): _____

Total Expenses: \$ _____ Expenses per Student: \$ _____

Source(s) of Funds: _____

Describe the purpose of the field trip.

Briefly describe trip planning, preparations and precautions. For extended field trips, attach appropriate documents as required.

Describe any extenuating circumstances of which the District administration should be aware.

Verification of Field Trip Information

The SITE ADMINISTRATOR must initial each statement of assurance and attach appropriate documents.

Part I For ALL Field Trips

- _____ Administrator has reviewed and approved / or recommended the trip request.
- _____ Administrator has verified that the field trip is planned and will be supervised by a certified District teacher or other District approved person.
- _____ Administrator has reviewed the educational quality of the field trip: assured that it has educational value and assured that both cost and student time from other instructional programs have been kept to a minimum.
- _____ Administrator has received and reviewed a completed student indemnification (waiver of liability) / consent to participate / consent for emergency medical treatment / behavior contract form from each student PRIOR to the trip, and these are on file in the school office and copies are in the possession of the teacher-in-charge (*Form E 6153 e*).
- _____ Administrator has received and reviewed a completed volunteer indemnification (waiver of liability) / alcohol-, drug-, and tobacco-free form from each volunteer PRIOR to the trip, and these are on file in the school office (*Form E 6153 f*).
- _____ Administrator has verified that parents / guardians have been informed that the District does not provide student insurance coverage while students are participating on a field trip.
- _____ Administrator has received and reviewed a completed *School Driver Registration Form (E 3541.1 a)* and a *Private Vehicle Transport Form (E 3541.1 b)* from each driver, and these are on file in the school office (for travel by private vehicles).
- _____ Administrator has verified that no student will be left behind because of parent / guardian inability or unwillingness to pay trip fees and / or expenses (for routine field trips and nonelective extended trips).

Part II For EXTENDED Field Trips (Both In-State and Out-of-State)

- _____ Administrator has verified that students and parents / guardians have completed (1) statement that school rules will be followed and (2) agreement that parents / guardians will be financially responsible for early return of students if such is necessary. (**Sample copy attached ONLY if not using District student consent Form E 6153 e.**)
- _____ Administrator has verified itinerary and list of contacts. (**Principal affirms that copy is in site office and will be provided to parents / guardians prior to student travel.**)
- _____ Administrator has reviewed and approved trip funding and budget. Total of site and District funds are:
 - Amount Fundraised or Private Donations: _____
 - District and / or Public Funds: _____
 - Total Trip Cost: _____
- _____ Administrator has verified that chaperones will be the same gender as the students they supervise.
- _____ Administrator has **attached a written explanation** as to why the trip is scheduled during instructional days.
- _____ **Administrator has completed Parts I and II.**

Part III For EXTENDED Field Trips (Out-of-State)

- _____ Site administrator has verified that the *Extended Field Trip Questionnaire Form (E 6153 c, d)* has been completed, required timelines and requirements have been met, and the appropriate documents are on file and available on site.
- _____ **Site Administrator has completed Parts I, II, and III.**

APPROVAL SIGNATURES

Site Administrator

Date Approved

Chief Financial Officer
(For Extended Out-of-State Trips)

Date Approved

Assistant Superintendent of Instruction
(For Extended Out-of-State Trips)

Date Approved

KPBSD FIELD TRIP QUESTIONNAIRE

1. Who is providing this information?
2. Has a letter of support by the principal been submitted? (Provide a copy.)
3. What is the purpose of the field trip and how does the proposed travel support the curriculum?
4. Is this activity open to all students? If not, how will the students be selected?
5. What is the anticipated daily schedule for students who will be involved? (Provide a schedule of all activities for each day of the proposed field trip.)
6. What specific arrangements have been made for student housing while on this field trip? (Provide names, locations, and contact phone numbers.)
7. What arrangements have been made to assure the safe passage and transport from the District to the point of disembarkation?
8. What are the hours of intended travel between the District and the point of disembarkation?
9. What specific lodging arrangements have been made for students, chaperones and drivers if the anticipated departure or return times are between 10:00 p.m. and 8:00 a.m.?
10. Have commitment forms been secured and signed by chaperones which obligate them to remain alcohol- and drug-free during the field trip (E6153)? (Provide a sample copy of the form.)
11. Have certificates of insurance regarding health insurance coverage during the field trip been secured? (Provide a sample copy of the information/form/certificate. Trip approval requires insurance for out-of-state travel.)
12. What procedures are in place for responding to emergencies in the following categories:
 - A. Serious accidents
 - B. Illness/hospitalization
 - C. Robberies and muggings
 - D. Serious losses of personal property
 - E. Death or injury of a family member at home

13. What are the planned responses related to serious violation of rules during the field trip? Detail the specific rules and consequences related to the following:
 - A. Theft and larceny
 - B. Sexual misconduct
 - C. Alcohol/drug use
 - D. Repeated curfew violations
 - E. Disorderly conduct or failure to cooperate
 - F. Abandoning the group or being absent for scheduled activities
14. What is the overall budget for this proposed field trip?
15. How is the travel program to be funded?
16. Will students be required to fundraise? (See BP 1321 and BP 3452.)
17. What amount of out-of-pocket expenses will the individual family be required to pay?
18. What provisions are being made for students who cannot afford to participate in this trip?
19. List all District employees who will be traveling on this field trip.
20. How will the personnel expenses for substitutes be paid?
21. Is there reimbursement to the sponsors or chaperones? If so, how much? How will costs for sponsors and chaperones be covered?
22. Will a travel agency or private tour company be used? If so, give criteria for agency selection.

STUDENT INDEMNIFICATION STATEMENT (Waiver of Liability)
STUDENT CONSENT FOR MEDICAL TREATMENT
STUDENT CONSENT TO PARTICIPATE
STUDENT BEHAVIOR CONTRACT *****

To the maximum extent allowed by law, I, _____, being the parent or legal guardian of _____, a student at _____ School, agree to defend, indemnify, and hold harmless the Kenai Peninsula Borough and School District and its employees, directors, and designees (hereafter "District") for expenses relating to injuries, accidents, diseases, property damage, and/or property loss which may occur as a result of the student's participation in * _____ (trip) on ** _____ (dates) *** except to the extent such injuries are directly caused by the reckless or intentional actions of the District.

I understand that the Kenai Peninsula Borough and the School District provide neither student medical insurance coverage nor liability insurance that would cover the student's actions. It will be my responsibility to provide for payment of such expenses, should they occur. I am aware of the hazards associated with the transportation to and from, as well as participation in, this activity. **I give my permission for the above listed student to be transported by school personnel or their designees and to participate in the above listed activity.**

I understand that all School District and school rules and regulations will apply while the above named student is on a school-sponsored field trip. Violations of a serious nature will result in the student being sent home immediately at my expense. School discipline will result for infractions of school rules while the student is on a school-sponsored trip.

I also authorize any necessary emergency medical treatment to be administered to the above named student. Allergies and/or special medical instructions for the student are listed below:

 Additional information is available through _____ (trip coordinator's name) at _____ (phone number/location).

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
Emergency Contact Name	Emergency Phone No.	Home Phone No.

- * If for sport season you may write name of sport
- ** If sport season you may write "for entire season for _____ school year (04-05, etc.)"
- *** If for field trip to be completed as written
- **** Form to be completed for each field trip or single event; form to be completed once for each specific sport season.

VOLUNTEER INDEMNIFICATION STATEMENT (Waiver of Liability)
VOLUNTEER ALCOHOL / DRUG-FREE STATEMENT

To the maximum extent allowed by law, I, _____, being a
_____ (parent/volunteer, etc.) at _____
School, agree to defend, indemnify and hold harmless the Kenai Peninsula Borough and School
District and its employees, directors and designees for expenses relating to injuries, accidents,
diseases, property damage and/or property loss which may occur as a result of my participation in
_____ (trip) for the _____ school year.

I understand that the Kenai Peninsula Borough and the School District neither provide medical
insurance coverage nor liability insurance which would cover my actions. It will be my
responsibility to provide for payment of such expenses, should they occur. I am aware of the hazards
associated with the transportation to and from, as well as participation in, this activity.

I also agree to abide by the School District's drug and alcohol policy and will be alcohol- and drug-
free during the trip.

Additional information is available through _____ (trip
coordinator's name) at _____ (phone number/location).

Parent/Guardian/Volunteer's Printed Name

Parent/Guardian/Volunteer's Signature

Witness's Printed Name

Witness's Signature

Date

Original – Principal, Copy - Parent

Do not use this form for students or for employees who are acting in the course and scope of employment while participating in this trip.

SCHOOL-SPONSORED TRIPS/SPECIAL MEDICAL NEEDS

The purpose of these guidelines is to address the needs of students who are medically fragile or require medical attention which cannot be handled by the regular staff employees. It is hoped that these guidelines will simplify some of the problems which may arise and assist administrators and sponsors in working with the students with medical needs which will enhance the learning of our students.

Philosophy

The Kenai Peninsula Borough School District considers the student excursions that integrate educational programs with the resources of the community to be a vital part of the education program. Carefully planned field trips that are directly related to adopted curriculum are encouraged.

Guidelines**A. FIELD TRIP:**

1. The teacher will plan the field trip according to District Policy 6153.
2. District Policy and Regulation 6153 will be adhered to. (If a student requires treatment or care by a licensed RN, (e.g. insulin injections or medication that must be measured or drawn up; or invasive medical procedures) special arrangements must be made. These must be in compliance with District policy.)
3. **In-District field trips:** There will be an exchange of information and conference between the school nurses and teachers on the care of the student.
4. **Out of District field trips:** A folder containing signed medical releases will be carried by the School District teacher. It is to be used for daily treatments and emergency care if needed.

B. PLANNING STRATEGIES:

1. For in-District field trips the School Nurse must be notified two weeks prior to departure so that all necessary arrangements are made.

SCHOOL-SPONSORED TRIPS/SPECIAL MEDICAL NEEDS (continued)

2. The special needs of the student will be addressed and a plan as to how these needs are to be met will be written. (See E 6153.1)
3. For in-District field trips necessary paper work and information will be faxed and hand carried.
4. A cellular phone is recommended to be taken on the trip for use in case of emergency.
5. Any special equipment or medication will accompany the student.

C. FORMS

To be signed by the parent/guardian and must accompany student on field trip.

1. Field Trip Participation Consent form E 6153.1(a).
2. Mutual Exchange of Information form E 6153.1(c).

D. CHAPERONES

Recommended adults to attend field trip with medically fragile students:

1. The parents are encouraged, but not required, to attend the field trip with their child, or
2. A parent trained designee, who is not a School District employee, will accompany the child on the field trip. The School District must have written authorization from the parent assigning the responsibility of their child's care to their designee, or
3. A school nurse is to go on the field trip with the student, or
4. If none of the above are possible an alternative field trip must be planned.

**FIELD TRIP PARTICIPATION CONSENT FORM
Medically Fragile or Intensive Needs Students**

I have read the Kenai Peninsula Borough School District Field Trip guidelines for Students who are Medically Fragile or have Medical Intensive Needs and understand the contents.

I give permission for my child _____ to attend the following field trip: _____

Parent/Legal Guardian Signature Date

CONSENT FOR EMERGENCY ASSISTANCE

I give consent for emergency treatment to be administered to my child in my absence. I assume the cost of this medical treatment.

Parent/Legal Guardian Signature Date

I may be reached by phone: Daytime: _____ Evening: _____

If I am unable to be contacted you may contact the following person(s): _____

PARENT DESIGNEE

I, as parent/guardian of _____ authorize _____ to care for my child. I have trained this person in the medical interventions needed by my child.

Parent/Legal Guardian Signature Date

I _____ have been trained in the medical interventions needed by the above child and am responsible for their care.

Designee Signature Date

cc: school file
copy to accompany student

Field Trip Accommodation Plan Students with Medical Needs

Name: _____ Grade: _____ School: _____

Field Trip Destination: _____ Date: _____

1. Identify the nature of concerns for the student.

2. Describe the accommodations that are planned for the student.

3. Describe special equipment and medication needed:

4. Name of chaperone: _____

5. Check off list for field trip:

YES	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Receiving nurse conference completed
<input type="checkbox"/>	<input type="checkbox"/>	Information faxed to receiving nurse
<input type="checkbox"/>	<input type="checkbox"/>	Student information prepared for trip
<input type="checkbox"/>	<input type="checkbox"/>	Field trip form D102 signed by parent/guardian
<input type="checkbox"/>	<input type="checkbox"/>	Exchange of information form M109 signed by parent guardian
<input type="checkbox"/>	<input type="checkbox"/>	Cellular phone available for use

School Nurse: _____

Teacher: _____

Others: _____

cc: Parents
School File
District Office/Asst. Supt.-Instruction

Place on school letter head.

AUTHORIZATION FOR MUTUAL EXCHANGE OF INFORMATION

Education Amendments of 1974 P.L. 93.380

CHILD: _____

BIRTHDATE: _____

SCHOOL: _____

PARENT/GUARDIAN: _____

I, the parent / guardian of the above named child, do hereby authorize the mutual exchange of medical, psychiatric, social work, psychological, and educational information between:

Kenai Peninsula Borough School District
Health Services Program
School Nurse

AND

Parent / Guardian Signature

Date

Please mail to the student's school nurse: