MARK TWAIN UNION ELEMENTARY SCHOOL DISTRICT

Field Trip Checklist

☐ Fill out the Field Trip Request Form. **Obtain required signatures:**

- Principal
- Financially responsible party

***Note:** PTC/Boosters or Student Council must vote to approve funding. Submit the request to them **60 days before** the trip for signature(s) and approval **before** submitting the request to the D.O.

PTC: copperopolisptc@gmail.com
Boosters: mtbadgerboosters@gmail.com

☐ Submit the **Field Trip Request Form** no later than **30 days before** the field trip date.

☐ Submit the completed request to the District Office Admin Assistant by email, pony, or by scanning it directly from the printer.

- Incomplete forms will be returned for corrections.
- Approved forms are forwarded to the Transportation Manager for approval.
- Once transportation is approved, the Admin Assistant will notify the teacher(s), principal(s), and secretaries.

☐ Send the **permission slip** home with students.

☐ If applicable, include the **Transportation and Authorization Waiver** with permission slip or have copies available.

☐ If applicable, submit the **Field Trip Meal Request** to the Director of Nutrition **no later than one week before** the scheduled trip.

Important

Board approval is required for the following:

- Overnight Trips
- Water-related Trips
- Ski Trips
-

Current Contact Information:

District Admin Assistant: Courtney Stamatis 209-736-1855 ext. 521 cstamatis@mtwain.k12.ca.us
Transportation Manager: Bill Sundling 209-736-1855 ext. 500 bsundling@mtwain.k12.ca.us
Director of Nutrition: Samantha Austin 209-736-6533 ext. 150 saustin@mtwain.k12.ca.us

MTUESD Field Trip Request Form

☐Copperopolis ☐Mark Twain ☐Both Sites ☐ Altaville

District Office Use Only:
Date Received:
By:
Field Trip #:

Requests must be submitted no less than 1 month prior to the proposed field trip date. Late submissions may not be approved. Financial Responsibility signature(s) are required.

Field Trip Information

Requestor: _____ **Date of Field Trip:** _____ **Grade:**_____

Destination: _____

Address: _____

Transportation Information

Number of Students: _____ **Vehicle Requested:** ☐**Bus** ☐**Van** ☐**Walking**

Depart From: _____**at** _____ **a.m./p.m.**

Return To:_____ **at** _____ **a.m./p.m.**

Time Spent at Destination: _____

Additional Stops:_____

Notes:_____

Number of Wheelchairs: _____ **Number of Booster/Car Seats:** _____

DO NOT FILL THIS SECTION OUT – TRANSPORTATION DEPARTMENT ONLY

Driver Rate: _____ **Number of Hours:**_____ **Total:** _____

Mileage Rate: _____ **Number of Miles:** _____ **Total:** _____

Drivers Assigned: _____ **Grand Total:** _____

Transportation Manager Signature: _____ **Date:** _____

Student Health Information

Epi Pens/Inhalers Required: _____

Other: _____

Notes: _____

School Nurse Signature: _____ **Date:** _____

Financial Responsibility *SIGNATURES REQUIRED*

☐ **PTC/Boosters:** _____ **Date:** _____

☐ **ASB/Student Council:** _____ **Date:** _____

☐ **District Sponsored**

Superintendent Signature: _____ **Date:** _____

☐ **CCOE Student Event (No signature required)**

☐ **Third Party (Get payment approval confirmation in writing and send to Bernadette)**

Name: _____ **Phone Number:** _____

Email: _____ **Mailing Address:** _____

Requestor Signature: _____ **Date:** _____

Principal Signature: _____ **Date:** _____

Revised 07/23/2026

MARK TWAIN UNION ELEMENTARY SCHOOL DISTRICT

Please Pay: $

By:

PARENT PERMISSION FOR STUDENT PARTICIPATION IN OFF-CAMPUS SCHOOL-SPONSORED EVENT, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION

Date Sent Home:_____ **Class or Group Attending:**_____ **School:** _____

Teacher or Person in Charge: _____ **If Teacher is Not in Charge List Position:** _____

Student's Name: _____ has permission to participate in the following field trip:
Destination/Nature of Activity: _____
(Please be specific, e.g., Concert at UCLA)
Special Instructions:_____
(e.g., Bring sack lunch)

Departure Date:_____ **Time:** _____ **Return Date:**_____ **Time:** _____

Type of Transportation: ☐ District Bus/Vehicle ☐ Walking ☐ Other

All drugs MUST be registered on this form. All drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by staff. If any medication or drugs are to be taken by the student list them. (There must be a sheet signed by your doctor on file in the office for any drugs, including aspirin, to be administered to your child). Please list any medical problems that we should be aware of, including any allergies. Health or special needs: Check as appropriate.

☐ My student has no special health needs the staff should be aware of, and no medication is required for the trip.
☐ My student has a special need. Instructions are attached. Number of attached pages: _____
☐ Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Pursuant to California Education Code section 35330, "all persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. It is further understood that students will go and return from the event on the transportation provided.

I also understand that I am financially responsible for any lost or stolen equipment that I rent. (Initial) _____
My child needs a lunch ordered from the school lunch program? ☐ YES ☐ NO
Parent/Guardian would like to participate and help with this activity. _____ If yes, parent must complete the volunteer process.

_____ _____ **Phone Number:** _____
Parent/Guardian Signature **Print Name** **Work Phone Number:** _____
Family Medical Insurance Carrier: _____ **Policy Number:** _____
(e.g. Blue Shield)
In the event of an emergency, please contact):
Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship:_____ Phone Number: _____

LATE RETURN
If transportation is needed because of late return and parent is unavailable to pick up, please provide alternate pick-up contacts:
Primary Pick-Up Contact (Name): _____ Phone Number(s): _____
Alternate Pick-Up Contact (Name): _____ Phone Number(s): _____

MARK TWAIN UNION ELEMENTARY SCHOOL DISTRICT

FIELD TRIP MEAL REQUEST

This form must be submitted to the SITE KITCHEN MANAGER by **Tuesday of the week prior** to the scheduled trip.

	Mark Twain Elementary		Copperopolis Elementary		District
Name(s) of Teacher(s):					
Grade(s):		**Number of Students:**		**Date of Trip:**	

CHILD NUTRITION & HEALTH INFORMATION					
Number of School Lunches:		**Time Needed:**		**Pickup Person:**	

STUDENT MEAL ROSTER:

	Student Name	Known Food Allergy/Health Concern
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
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27		
28		
29		
30		

Please list all students who will be eating a school meal. This list will be used for meal accounting purposes.

MARK TWAIN UNION ELEMENTARY SCHOOL DISTRICT
TRANSPORTATION AUTHORIZATION AND WAIVER FORM

Name of Student: _____

Description of Activity: _____

Date(s) or Season of Activity: _____

By my signature below, I accept responsibility for arranging and providing for the transportation of the above named student. As parent/guardian, I hereby authorize and give permission for my child/ward to:

_____ Ride as a passenger in a vehicle driven by an adult (From event only)
initials

NAME OF DRIVER(S) ALLOWED TO TRANSPORT STUDENT:

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

I understand that operating a motor vehicle or being a passenger in a motor vehicle may result in injury, disfigurement or death. I acknowledge that the District does not provide any type of insurance including liability, collision, comprehensive or medical coverage during the transportation of the named student in connection with the described activity. I further acknowledge that the district does not provide ongoing Department of Motor Vehicles records checks of my child or my child's driver. I understand that it is my responsibility to ensure that my child or my child's driver is in full compliance with the California Vehicle Code.

I agree to hold the School District, its Board, officers, agents and employees harmless from all claims, losses, costs, attorney fees and expenses arising out of any liability or claim of liability for personal injury, bodily injury or death that may occur while transporting the named students or while the named student transports himself/herself.

IT IS FULLY UNDERSTOOD AND AGREED THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISRICT ASSUME LIABILITY FOR, ANY INJURIES OR LOSSES RESULTING FROM THIS ALTERNATIVE TRANSPORTATION ARRANGEMENT.

By my signature below, I agree to waive all claims against the District and to indemnify and hold the District, its officers, agents and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind including death, bodily injury or illness that may occur during any portion of the transportation phase.

_____ _____
Parent/Guardian Signature Date

_____ (___)_____
Parent/Guardian Name (Please Print) Phone Number (include area code)

_____ _____
Street Address City State Zip Code