



**Denver Public Schools
Off Campus Trip Application Form**

**USE FOR ANY OVERNIGHT TRIP, OUT-OF-TOWN, OUT-OF-STATE,
OUT-OF-COUNTRY; HIGH RISK ACTIVITY AND ATHLETIC EVENT**

Please complete the information requested below and submit to the Executive Director, for approval, in accordance with DPS Policy JJH and JJH-R. All Off Campus Trips must be approved by the building principal and Executive Director. Submit application at least three (3) weeks before a planned Off Campus Trip. **In the event the Off Campus travel is necessary for post-season athletic activities and academic events; this form must be completed and submitted immediately.**

School _____ Person in Charge _____ Today's Date _____

Group/Class/Club _____ Title of Activity _____
(Attach a detailed itinerary including names, addresses and phone numbers of locations)

Destination of Off Campus Trip _____
City State Country

Departure Date _____ Time _____ Return Date _____ Time _____

Number of: School days _____ Non-school days _____ Nights _____

Number of students going on trip: Female _____ Male _____ Total _____
(Attach a list of students including names, addresses and phone numbers. Note: Durable Power of Attorney for Medical Care form must be obtained for each student participating.)

**Name and title of supervisors: _____

Describe the supervision to be provided throughout the trip: _____

***Voluntary background check completed and attached for non-DPS personnel.*

The student is expected and the student has been instructed:

- A. To follow all school rules and district policies. (Although away from school, they are still considered mandatory and applicable during the Off Campus Trip.)
- B. To follow instructions given by supervisors.
- C. Comply with all laws and ordinances, including but not limited to those pertaining to prohibiting the possession or use of drugs or alcohol. **Possession or use of drugs or alcohol or weapons is absolutely prohibited.**

YOU MUST INITIAL THE BOXES BELOW TO INDICATE THAT THE FOLLOWING ESSENTIAL PREPARATORY STEPS HAVE BEEN ACCOMPLISHED.

- The school secretary has been informed of the dates that substitute(s) will be needed.
- Short Leave of Absence form(s) have been signed and approved for each teacher going on the excursion. (Attach original form(s) for all DPS personnel going on Off Campus Trip.)
- Students have indicated their acceptance of the guidelines, rules, and regulations, which will prevail during the excursion.
- Parents have been informed concerning the demands of this specific excursion, and they have granted written Permission. (The Parent/Guardian Release Agreement and Consent to Emergency Treatment must be completed.)
- Health records indicate that each pupil is physically able to participate. Parents have provided the medical insurance information (if any) for each participating student.
- Parents have granted permission in writing for the teachers(s) in charge to hospitalize or have a student given emergency medical treatment. (Use the Durable Power of Attorney for Medical Care form.)
- Procedure in case of emergency (illness, accident, disciplinary problems or weather related) has been established. (Attach a copy)
- A “telephone tree” or other means of notifying parents in case of emergency has been established. (Attach a copy)
- If disabled students are going to travel with the group, ensure that plans have been made to meet their special needs. (IEP or 504 Plan must accompany student and attach a copy to this form.)
- Provisions for food and for personal accommodations have been made.

Planning Recommendation

For Off Campus Trips out of state or out of country, the person in charge should consider the travel insurance package that is available through a travel agent. The travel insurance would provide protection for last minute trip cancellation. In addition, the travel insurance would provide some coverage for accidental injury treatment and serious health issue. The travel insurance would be in addition to the health coverage for each student. Also, all students and supervisors must possess a passport if traveling out of the country.

Person in Charge/Excursion Director's Signature Date

Principal's Approval Signature Date

FOR CENTRAL OFFICE USE ONLY		
Off Campus Trip #		
Item	Amount	Source
Student Insurance		
Substitute teacher(s)		
Other		
Total		
Executive Director's Approval		Date