

# *Herscher Community Unit School District No. 2*

DR. RICHARD S. DECMAN, SUPERINTENDENT  
SHELLY PARSONS, SPECIAL SERVICES DIRECTOR  
PETE FALK, CURRICULUM DIRECTOR

---

## FIELD TRIPS

Field Trips are permissible when the experiences are a part of the school curriculum and/or contribute to the District's educational objectives.

All field trips must have the Superintendent or designee's prior approval. The Superintendent or designee shall analyze the following factors to determine whether to approve a field trip: educational value, student safety, parent concerns, heightened security alerts, and liability concerns. On all field trips, a bus fee set by the Superintendent or designee may be charged to help defray the transportation costs.

Parents/guardians of students: shall be given the opportunity to consent to their child's participation in any field trip and are responsible for all entrance fees, food, lodging, or other costs, except that the District will pay such costs for students who qualify for free or reduced school lunches. All non-participating students shall be provided an alternative experience. Any field trip may be cancelled without notice due to an unforeseen event or condition.

Privately arranged trips, including those led by District staff members, shall not be represented as or construed to be sponsored by the District or school. The District does not provide liability protection for privately arranged trips and is not responsible for any damages arising from them.

## RECREATIONAL CLASS TRIPS

Recreational class trips are permissible provided they do not interfere with the District's educational goals. The provisions in this policy concerning field trips are also applicable to recreational class trips, except those regarding educational value.

LEGAL REF: 105 ILCS 5/29-3.1.

ADOPTED: May 13, 2013

*"Education... The Ultimate Investment."*

# *Herscher Community Unit School District No. 2*

DR. RICHARD S. DECMAN, SUPERINTENDENT  
SHELLY PARSONS, SPECIAL SERVICES DIRECTOR  
PETE FALK, CURRICULUM DIRECTOR

---

## FIELD TRIPS

The Board of Education encourages worthwhile out-of-school learning experiences for students and expects that several such opportunities will be provided during each student's school life. Field trips are, therefore, an important part of each student's total education and the Board of Education may assume the cost of transporting students within budgetary limitations and the framework of these regulations. These regulations are designed to assist in the wise selection of and preparation for trips, and to provide for the safety of students while they are away from school.

## BUDGET

The administration may set a per student allocation level at the time of annual budget development to defray the expenses of field trips.

## PREPARATION

Appropriate instruction shall precede and follow each field trip. Field trips themselves shall be considered as instruction and planned as such within definite objectives determined in advance.

## APPROVAL

A teacher must receive tentative verbal approval from the building principal before planning a field trip, and definite written approval after specific arrangements have been made. The principal's approval will be in terms of the nature and purpose of the trip as related to the curriculum, the school's budgetary provisions for field trips, and the safety and adequacy of facilities at the destination.

*"Education... The Ultimate Investment."*

# *Herscher Community Unit School District No. 2*

DR. RICHARD S. DECMAN, SUPERINTENDENT  
SHELLY PARSONS, SPECIAL SERVICES DIRECTOR  
PETE FALK, CURRICULUM DIRECTOR

---

## TEACHER/COACH/SPONSOR PROCEDURE FOR FIELD/OVERNIGHT TRIPS

Following Principal's Approval

### A. Confirmation of Arrangements

The teacher/coach/sponsor will confirm specific arrangements with a responsible official at the place to be visited. If any changes are then made, the teacher/coach/sponsor will notify the principal at once. At least five days prior to the trip, when possible, the building secretary will send a copy of the approved TEACHER/SPONSOR REQUEST FOR EDUCATIONAL FIELD TRIP form (*see Attachment 1*) to the Superintendent's Secretary at the Unit Office. (*Time frame may be waived for extenuating circumstances as determined by Superintendent or designee.*) Any subsequent revisions to the plans will be communicated to and approved immediately by the Principal. This does not apply to non-overnight away games/activities/contests.

### B. Transportation and Liability

Transportation may be provided within budget constraints for students in the case of all instructional/athletic field trips previously approved and budgeted by the principal. Transportation for special and recreational trips or for other attendant costs, such as admissions, may involve a student fee established by the principal to defray the cost of such expenses.

1. Request form – The teacher/coach/sponsor will arrange for Principal approval by filing the Teacher/Sponsor Request for Educational Field Trip form with the Principal.
2. Private Cars – The use of Herscher CUSD #2 employee's personal cars for student transportation is prohibited.
3. Bus Rules – When buses are used for transportation, at least one professional staff member as approved by the building principal MUST travel in each bus, in addition to the driver. (*Approved minimum numbers: Pre-K = 1 adult to every 10 students; K-8 = 1 adult to every 30 students and 9-12 = 1 adult to every 30 students.*) While traveling, the driver is authorized to discontinue a trip and return to the starting point if he/she believes it would be dangerous to the welfare of the passengers to continue the trip. The driver's decision may be based on such conditions as vehicle condition or weather.
4. Teacher/Coach/Sponsor in charge – At all times during a field trip, except for the bus driver's authority covered in paragraph 3 above, the teacher/coach/sponsor shall have complete responsibility for and authority over the group including participating parents.

*"Education... The Ultimate Investment."*

# *Herscher Community Unit School District No. 2*

DR. RICHARD S. DECMAN, SUPERINTENDENT  
SHELLY PARSONS, SPECIAL SERVICES DIRECTOR  
PETE FALK, CURRICULUM DIRECTOR

---

5. Cellular telephones – Teacher/Coach/Sponsor MUST carry a cellular phone with them to use in the event of an emergency throughout the duration of the trip.

## C. Parental Permission

1. Permission is obtained from each parent/guardian of each student during the online registration process. In addition to this annual permission, prior to each individual trip, the teacher/coach/sponsor will get permission from the parent/guardians for each upcoming trip. (PARENTAL APPROVAL FOR EDUCATIONAL/EXTRA-CURRICULAR TRIP form. *See Attachment 2*)

Teachers/Coaches/Sponsors must give sufficient notice and obtain additional permission for each child to attend each particular trip. Special attention must be given to tell parents/guardians about transportation arrangements should a trip end after regular school hours. No student may go on a field trip, if a parent permission slip is not on file with the school.

All students who go on a trip must return to the school with the group with one exception: a parent/guardian may arrange to meet the teacher/coach/sponsor at the place of departure for home and remove his/her son/daughter from the teacher/coach/sponsor provided a written request has been provided, the teacher/coach/sponsor has been provided with the ability to recognize the parent/guardian and the principal has approved the procedure.

2. Some movement of students takes place periodically from one school within the Herscher CUSD #2 to another school building within the District. Such movement is supervised by teachers/coaches/sponsors. The purpose of such movement includes participation in performing groups, observation of performing groups and carrying out regular curriculum activities. In such cases, students generally return to their home building in time for normal dismissal. Parents will be informed about such programs, permission slips will also be required for each of these movements.

## D. List of Trip Participants

A list of the students who are going on a trip shall be submitted by the teacher/coach/sponsor to the principal in time for him/her to notify teachers who might otherwise expect to see the students in class that day and so that students not going on the trip may be provided for while the class is away. Two copies of the final participation list (*including names of the students, names of parents/guardians, parent/guardian contact numbers, and the identification of student with special medical concerns and those in need of medication*) will be taken on the trip. An additional copy of the list will be given to the building secretary.

*"Education... The Ultimate Investment."*



# Herscher Community Unit School District No. 2

DR. RICHARD S. DECMAN, SUPERINTENDENT  
SHELLY PARSONS, SPECIAL SERVICES DIRECTOR  
PETE FALK, CURRICULUM DIRECTOR

---

E. Advance Knowledge of Place to be Visited

If at all possible, the teacher/coach/sponsor should visit the place in advance to make sure it will be a worthwhile experience and to check such details as places to eat, places to leave personal belongings, toilet facilities, etc., which make the difference between a successful trip and a mediocre one.

F. Supervision of Students

The teacher/coach/sponsor will arrange to obtain voluntary supervisor assistance (*chaperones/classroom parents*) for the field trip, so that there shall be a minimum of two adults per class group, one of whom shall be the teacher/coach/sponsor. (*Approved minimum numbers: Pre-K = 1 adult to every 10 students; K-8 = 1 adult to every 30 students and 9-12 = 1 adult to every 30 students.*) Such chaperones/classroom parents shall be run through the Raptor Identification System as part of the request process for the trip. Each volunteer will be instructed in the responsibilities and expectations of their supervision by the teacher/coach/sponsor prior to leaving the school grounds. Each chaperone/classroom parent will be given a list of the students he/she is responsible for supervising (*including names of the students, names of parents/guardians, parent/guardian contact numbers, and the identification of student with special medical concerns and those in need of medication.*)

G. Teacher/Sponsor Evaluation of Educational Field Trips

After each trip to a new place, or to a place which has changed considerably, the TEACHER/SPONSOR EVALUATION OF EDUCATIONAL FIELD TRIP (*see Attachment 3*) should be submitted to the Building Principal. This will be helpful and allow for teachers to be notified of especially valuable trips and trips not considered worthwhile.

*"Education... The Ultimate Investment."*

# *Herscher Community Unit School District No. 2*

DR. RICHARD S. DECMAN, SUPERINTENDENT  
SHELLY PARSONS, SPECIAL SERVICES DIRECTOR  
PETE FALK, CURRICULUM DIRECTOR

---

## EXTRA-CURRICULAR ATHLETICS

Student participation in school-sponsored extracurricular athletic activities is contingent upon the following:

1. The student must meet the academic criteria set forth in Board policy 6:190 *Extracurricular and Co-Curricular Activities*.
2. A parent/guardian of the student must provide written permission for the student's participation, giving the District full waiver of responsibility of the risks involved.
3. The student must present a current certificate of physical fitness issued by a licensed physician, an advanced practice nurse or a physician assistant. The PRE-PARTICIPATION PHYSICAL EXAMINATION FORM (*see Attachment 4*), offered by the Illinois High School Association and the Illinois Elementary School Association, is the preferred certificate of physical fitness.
4. The student must show proof of insurance coverage proving the student is covered under a family insurance plan.
5. The student must agree to follow all conduct rules and the coaches' instructions.
6. The student and his/her parents/guardians must: (a) comply with the eligibility rules of and complete any forms required by, any sponsoring association (IESA or IHSA) and (b) complete all forms required by the District, including, without limitation, signing an acknowledgement of receiving information about the Board's concussion policy 7:305 *Student Athlete Concussions and Head Injuries*.
7. All overnight extra-curricular events will require written parental permission (*see Attachment 2*).

The Superintendent or designate (1) is authorized to impose additional requirements for a student to participate in extracurricular athletics, provided the requirement(s) comply with Board policy 7:10 *Equal Educational Opportunities*, and (2) shall maintain the necessary records to ensure student compliance with this policy.

LEGAL REF: 105 ILCS 5/10-20.30, 5/10-20.54, 5/22-80, and 25/2.  
23 Ill. Admin.Code § 1.530(b)

ADOPTED: December 14, 2015

*"Education... The Ultimate Investment."*

## Herscher C. U.S.D. #2

### Teacher/Sponsor Request for Educational Field Trip

Teacher/Sponsor: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

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

Grade: \_\_\_\_\_ Subject related: \_\_\_\_\_

Curriculum Outcome/Objectives: \_\_\_\_\_

Number of Students: \_\_\_\_\_ ( \_\_\_\_\_ Males / \_\_\_\_\_ Females)

Chaperones: \_\_\_\_\_

\*Remember: These individuals must be ran through the Raptor system.

Number of Male Chaperones: \_\_\_\_\_ / Number of Female Chaperones: \_\_\_\_\_

Load Time: \_\_\_\_\_ Load Location: \_\_\_\_\_

Time leaving destination: \_\_\_\_\_ Time arriving back at school: \_\_\_\_\_ \*

\*If after school, parent pick up location: \_\_\_\_\_

**\* If OVERNIGHT, Sponsor/Coach MUST also complete/submit an Application for Overnight Trip**

Date submitted: \_\_\_\_\_

Teacher/Sponsor Signature: \_\_\_\_\_

☐ Approved. ☐ Not approved. More information needed.

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Once approved, keep a copy for your records, give a copy to the teacher and forward to Transportation Department.**

Type of vehicles you are requesting: \_\_\_\_\_

Number of vehicles you need: \_\_\_\_\_ Total Trip Mileage: \_\_\_\_\_

Supervisors Names/Phone Numbers: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

☐ Director to Destination attached. ☐ Principal/Teacher Notified.

☐ Vehicles Assigned. If Buses, list numbers/drivers: \_\_\_\_\_

## *Herscher C. U.S.D. #2*

### PARENT APPROVAL for Educational /Extra-Curricular Trip

I, the undersigned parent/guardian, of: \_\_\_\_\_  
(Student's Name)

do hereby give my permission for him/her to attend the school sponsored trips to:

\_\_\_\_\_

On: \_\_\_\_\_  
(Date)

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Subject Related: \_\_\_\_\_

Time leaving school: \_\_\_\_\_

Time arriving back at school: \_\_\_\_\_

*If arriving back to school after regular school hours, pick up location will be:*

\_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

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



## *Herscher C. U.S.D. #2*

### TEACHER/SPONSOR EVALUATION of EDUCATIONAL FIELD TRIP

Place visited: \_\_\_\_\_

Date and time of visit: \_\_\_\_\_

Transportation Arrangement (method): \_\_\_\_\_

Transportation Arrangement Evaluation: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Outstanding positive values or qualities of this trip:

---

---

---

---

This trip was not worthwhile for the following reasons:

---

---

---

Teacher/Sponsor: \_\_\_\_\_

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



# Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name \_\_\_\_\_ School Year \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone No. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_ Student ID No. \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

## HISTORY FORM

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment. HE0503





# Pre-participation Examination


**PHYSICAL EXAMINATION FORM**

Name \_\_\_\_\_

Last \_\_\_\_\_

First \_\_\_\_\_

Middle \_\_\_\_\_

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/Ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes \_\_\_\_\_ No \_\_\_\_\_ Limited \_\_\_\_\_

Examination Date \_\_\_\_\_

Additional Comments:

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

Physician's Name \_\_\_\_\_

Physician's Assistant Signature\* \_\_\_\_\_

PA's Name \_\_\_\_\_

Advanced Nurse Practitioner's Signature\* \_\_\_\_\_

ANP's Name \_\_\_\_\_

\*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.