

**REQUEST FOR TRAVEL FORM****School Name:** _____ **Date of Request:** _____**Coach:** _____ **Department Head:** _____ **No. of Students:** _____**Coach phone number:** _____**Team:** _____ **Destination:** _____**Type of Travel:** _____ **Inter-Island** _____ **Off-Island** _____**Activity:** _____**Purpose:** _____**Date of Departure:** _____ **Time of Departure:** _____**Date of Return:** _____ **Time of Return:** _____**Transportation Arrangements:****Air:** _____**Sea:** _____**Ground:** _____**Hotel:** _____**Names of Chaperones:****1** _____ **2** _____ **3** _____**4** _____ **5** _____ **6** _____**No. of Signed Permission Slips:** _____ **No. of Students Insured:** _____**APPROVED / DISAPPROVED** _____*School PE Department Chairperson*_____
Date**APPROVED / DISAPPROVED** _____*School Principal*_____
Date**APPROVED / DISAPPROVED** _____*W. Scott Cofiell
Division of Sports and Athletics*_____
Date**APPROVED / DISAPPROVED** _____*Insular Superintendent*_____
Date**APPROVED / DISAPPROVED** _____*Raquel Berry-Benjamin
Commissioner of Education*_____
Date

**TRAVEL CHECKLIST**

The following procedures have been completed. Please check the appropriate approximate box.

		Yes	No
1.	Conference(s) were held with school administration, students, Chaperones, parents to discuss the purpose, specific plans, problems, safety measures, and any other procedures.	_____	_____
	Meeting Type		
	• Planning Meeting	_____	_____
	• Pre-Trip Meeting	_____	_____
	• Pre-Departure Meeting	_____	_____
2.	Two letters of information sent to parent/guardians and a signed copy returned to the school with the signature of Parent or guardian. This letter must include the date, time and Place of departure and return, purpose and other information to insure that the parents have been fully informed. (To be given at the Pre-Trip & Pre-Departure Meeting)	_____	_____
3.	Each chaperone will be responsible for a specific number of Students. All chaperones will be responsible for assisting In overall supervision.	_____	_____
4.	A buddy system will be put into effect. Two will be responsible For each other during all phases of the trip; three students in the Case of an odd number student. Special emphasis will be give where Swimming is involved.	_____	_____
5.	Safety instructions will be reviewed at places presenting potential Dangers.	_____	_____
6.	Participants will be required to dress appropriately.	_____	_____
7.	All students are covered by Health or accident insurance. Proof must be provided.	_____	_____
8.	All efforts will be made to contact parents in case of injury, illness or If returning late.	_____	_____
9.	All Consent Forms received and submitted to School Office (Copy) <i>Travel Committment form must also remain in the possession of the Coach/ Travel Coordinator during trip)</i>	_____	_____
10.	All efforts will be made to contact parents if returning late.	_____	_____
11.	Students will travel in Government or commercial vehicles.	_____	_____

Dates of Travel: _____ Destination: _____

**PARENTAL CONSENT AND INSURANCE FORM FOR TRAVEL**

Dear Parent(s)/Guardian(s):

Your consent and signature is requested for your **child (name)**_____ to
participate on a field trip to **(Destination)**_____ to participate in **(Activity)****Dates of Travel:** _____Your signature also certifies that your son/daughter has **School Athlete Insurance with Triple-S Blue or other private or government health insurance**. Also that as legal guardian of this student, you release **(School name)**_____, chaperones, and the Government of the Virgin Islands from personal liability for your son/daughter during the field trip indicated above.

Listed below are the requirements for your child to participate in this extended learning activity.

Attire: _____**Documents:** _____**Fees:** _____**Hotel:** _____**Other:** _____**Insurance:**

All reasonable care will be taken to insure his/her safety. Your child will not be allowed to participate without Private, Government or School Athlete Insurance.

Just a reminder, the School Athlete Accident Insurance card can not be used to make a payment to a Health Care provider. When using the School Athlete Accident Insurance, you must first pay and then apply for reimbursement

____ Yes, my child has the School Athlete Accident Plan with Triple-S Blue.

____ Yes, my child has the School Athlete Accident Plan insurance with Triple-S Blue and
additional coverage through other private or government health insurance (Insurance
Carrier name)_________ No, my child does not have a School Accident Plan insurance with Triple-S Blue but has coverage through
other private or government health insurance (Insurance Carrier name)_____***Please attach a clear copy of the front AND back of insurance card***_____
Print Name of Parent/Legal Guardian_____
Signature of Parent/Legal Guardian_____
Date

Home Address_____

Home Telephone_____ Work Telephone_____

**TRAVEL COMMITMENT AND CONSENT**

WHEREAS, our **Son/ Daughter (name)** _____ is a student of the
(School name) _____ and,

WHEREAS, the students of the **(School name)** _____ are given the opportunity
through field trip experiences to extend their learning,

WHEREAS, during travel, students must be accompanied by adults,

WHEREAS, adults are responsible for the number of students assigned during the trip.

NOW THEREFORE, the undersigned parents or guardians execute this Commitment and Consent, and stipulate the following:

1. I/we hereby authorize the afore said adults to make all necessary decisions concerning the affairs and well-being of my/our child under their care, custody and control as if I/we were present.
2. I/we agree they my/our son/daughter will abide by all disciplinary procedures established for the school and will follow and obey any rules and guidelines.
3. I/we further agree to authorize the use of reasonable judgment and to order emergency medical treatment if required in our absence. This authorization is given on the condition that I/we are notified immediately in case of emergency.
4. In consideration for the aforesaid adults accompanying my/our son/daughter I/we do hereby release and discharge them and the Department of Education, the **(School name)** _____ and the Faculty & staff, from liability, actions, claims, or demands that /we may have on behalf of myself/ourselves and my/our **Son/daughter (name)** _____ on account of any and all injuries, losses, and damages were not caused by the willfulness or gross neglect of the aforesaid adults of the **(School name)** _____.
5. We consent to our child's participation in the trip to **(Destination):** _____
for a **(Activity)** _____
from **(Date)** _____ to **(Date)** _____.

Print Name of Parent/Legal Guardian_____
Phone number_____
Signature of Parent/Legal Guardian_____
Date**Emergency Contact:** _____ **Emergency Contact Number:** _____



STUDENT ROSTER FOR OFF-ISLAND TRAVEL

Date: _____ **Destination** _____

Chaperone 1: _____ **Title:** _____

Students:

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

Chaperone 2: _____ **Title:** _____

Students:

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

Chaperone 3: _____ **Title:** _____

Students:

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



STUDENT ROSTER FOR OFF-ISLAND TRAVEL

Date: _____ **Destination:** _____

Chaperone 4: _____ **Title:** _____

Students:

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

Chaperone 5: _____ **Title:** _____

Students:

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

Chaperone 6: _____ **Title:** _____

Students:

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



CHAPERONE CONTACT INFORMATION FOR TRAVEL

Date:_____ Destination:_____

	CHAPERONE NAME	CONTACT NUMBER
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		



Division of Sports and Athletics

William Cofiell
Territorial Director

Date: _____ Destination: _____

[illegible]



Division of Sports and Athletics

William Cofiell
Territorial Director

Date: _____ Destination: _____

[illegible]