

**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 _____

Division of Sports and Athletics

Date _____

APPROVED / DISAPPROVED _____

Insular Superintendent

Date _____

APPROVED / DISAPPROVED _____

Commissioner Designee

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. | | | | | | | | | | |
| <table border="0"><thead><tr><th>Meeting Type</th><th>Date</th></tr></thead><tbody><tr><td>• Planning Meeting</td><td>_____</td></tr><tr><td>• Pre-Trip Meeting</td><td>_____</td></tr><tr><td>• Pre-Departure Meeting</td><td>_____</td></tr></tbody></table> | | | Meeting Type | Date | • Planning Meeting | _____ | • Pre-Trip Meeting | _____ | • Pre-Departure Meeting | _____ |
| Meeting Type | Date | | | | | | | | | |
| • 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.
<i>(To be given at the Pre-Trip & Pre-Departure Meeting)</i> | _____ | | | | | | | | | |
| 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: _____



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF
EDUCATION
Division of Sports and Athletics

2133 Hospital Street Christiansted, St. Croix 00820
1834 Kongens Gade, Charlotte Amalie, St. Thomas
00802-6746

Tel: (340) 778-1095 or (340) 774-0100.

ophelia.williams@vide.vi or
divisionofsportsathletics@vide.vi

Ophelia Williams-Jackson
Territorial Director

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:** _____

Insurance carrier name: _____ **Policy number** _____



STUDENT ROSTER FOR OFF-ISLAND TRAVEL

Date of Travel: _____ **Destination:** _____

Chaperone 1: _____ **Title:** _____

Students:	First Name	Last Name
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Chaperone 2: _____ **Title:** _____

Student:	FirstName	Last Name
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Chaperone 3: _____ **Title:** _____

Students:	First Name	Last Name
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____



STUDENT ROSTER FOR OFF-ISLAND TRAVEL

Date of Travel: _____ **Destination:** _____

Chaperone 4: _____ **Title:** _____

Students:	First Name	Last Name
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____

Chaperone 5: _____ **Title:** _____

Students:	First Name	Last Name
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____

Chaperone 6: _____ **Title:** _____

Students:	First Name	Last Name
26.	_____	_____
27.	_____	_____
28.	_____	_____
29.	_____	_____
30.	_____	_____



CHAPERONE CONTACT INFORMATION FOR TRAVEL

Travel dates:_____ Destination:_____

CHAPERONES

First Name	Last Name	Contact Information
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____



Ophelia Williams-Jackson
Territorial Director

Travel dates:_____Destination:_____

[illegible]



Ophelia Williams-Jackson
Territorial Director

[illegible]