

Jefferson County  
Public Schools

# FIELD TRIP Procedures



Revised May 2024

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**A field trip is an educational activity conducted away from the school site that is an extension of classroom instruction. Any student trip that is endorsed by the school through funding or the use of the school name constitutes a field trip. All field trips must comply with the following policies, regulations, and procedures.**

## **A. Applicable Board Policies and State Regulations**

### **1. Board Policy 09.36 Field Trips and Excursions**

The board of education recognizes field trips as being a legitimate part of the educational program. Field trips shall be relevant to the curriculum and shall be properly planned and conducted according to procedures approved by the superintendent.

The board of education sanctions trips by student organizations when such trips are directly related to the school program. Parental approval, acceptable means of transportation, and proper insurance coverage of students are required, and the trip shall be properly supervised. **A certified or classified staff member who is at least twenty-one (21) years of age shall accompany students on trips.** Specific procedures for planning and evaluating overnight trips shall be approved by the superintendent/designee.

Use of certificated common carrier service shall be authorized by the board on a case-by-case basis, and the reasons to justify such use shall be cited in the board meeting minutes.

In cases involving extenuating circumstances which prevent obtaining prior board approval, the superintendent is authorized to give approval for the use of common carrier transportation, provided full details are made available to the board at the regular board meeting following such trips.

### **2. 702 KAR 5:010; 702 KAR 5:060; 702 KAR 5:130; and Board Policy 09.36 Student Transportation in Board-Insured Vehicles, Certified Common Carrier Vehicles, or Private Vehicles**

Only board-insured vehicles or appropriately certified common carriers shall be used for transporting students. "Common carrier" is defined as any method of transportation other than a JCPS school bus or board-insured vehicle. Examples of common carriers include school buses owned by other vendors, motor coaches, limousines, trains, riverboards, and airlines. The use of private vehicles for transporting students in school-sponsored activities shall be permitted only when approved by the principal, pursuant to procedures developed by the superintendent/designee.

### **3. 702 KAR 7:125 Pupil Attendance**

Students who are participating in **co-curricular instructional activities** that have been authorized by the board of education and are a definite part of the school's instructional program shall be counted in attendance while participating in such activity.

Students who are attending or participating in **extracurricular activities**, such as a state championship-level athletic activity, may not be counted present at school. Such students shall be marked absent and may not be counted in the average daily attendance for SEEK funding purposes.

### **4. 702 KAR 1:160 School Health Services; Board Policy 09.2241 Student Medications**

All unlicensed school personnel who perform medication administration in school must have proof of completion of the standardized training course developed by the Kentucky Department of Education and Kentucky Board of Nursing conducted by JCPS Health Services. All designated staff must be trained **PRIOR** to the first day of school or **PRIOR** to administering any health services to a student. If a student requires medication while on a field trip, staff must complete the Health Services Medication Administration Training for Unlicensed School Personnel. If medications, EpiPens, inhalers, Diastat, or Glucagon are to be administered to a student on a field trip, a staff member trained in the administration of the medication shall accompany the student on the field trip.

Trained staff must act in accordance with Board Policy 09.2241 Student Medications, and take a copy of one or more of the following Administrative Procedure forms on the field trip, as appropriate:

- 09.2241 AP.21 Permission Form for Prescribed or Over-the Counter Medication
- 09.2241 AP.22 Student Medication Logs

09.2241 AP.23 Medication Administration Incident Report      Remember that the training is only valid for one school year. Please check pdCentral for a list of training dates.

Note: See separate section entitled Health Services for Out-of-County or Overnight Trips in this document.

## **B. Student Participation**

All students enrolled in the Jefferson County Public Schools (JCPS) should have the opportunity to participate in field trips. Students may be excluded from field trips only in limited circumstances. In accordance with Board Policy 09.3, a principal may suspend a student's eligibility to participate in a field trip, pending investigation of any allegation that the student violated either

the District's behavior standards set forth in the Student Support and Behavior Intervention Handbook or the school council's criteria for participation. The reasons that may result in exclusion from a field trip must be communicated to students and their parents/guardians when the field trip is announced. The principal must approve the exclusion of any student in advance of the field trip.

No student may be excluded from participation in a field trip due to the student's inability to pay, a need for health services, or a documented disability. A student with Special Needs Transportation (SNT) specified on the student's Individual Education Plan (IEP), shall be provided SNT on a field trip, or other arrangements shall be made for their transportation.

A school shall provide funding for a student who is eligible for fee waiver. For additional information regarding fee waiver, refer to Administrative Procedure 09.15 AP.1 Student Fees. A parent/guardian may apply for a fee waiver using the JCPS Instructional Fee Waiver Request Form.

A school shall ensure that a student with a disability requiring specialized support services during a field trip is accompanied by an appropriately trained staff member.

A school shall ensure that a student requiring health services or medication administration during a field trip is accompanied by a staff member who has been appropriately trained in the last year. Note: See separate section entitled Health Services for Out-of-County or Overnight Field Trips in this document.

**For additional information regarding overnight and/or out-of-county field trips and health services, contact the district's**

**Health Services Department at 485-3387.**

## **C. Travel Approval**

### **Field Trips**

All field trips must have an educational purpose, must be closely related to the instructional program, and must comply with board policies, district administrative procedures, Kentucky statutes and Kentucky administrative. Trips for recreational purposes, behavioral incentives, or rewards must be scheduled during noninstructional time. Field trips planned during the summer, spring, or winter breaks or other intercessions will not be approved unless they are directly related to the district's program of studies.

### **Criteria for Field Trip Approval**

**A certified or classified staff member who is at least 21 years of age shall accompany students on trips.** A field trip permission form signed by a parent/guardian must be obtained for each participating student. Blanket permission forms covering an entire school year are **not** permissible. Parents/guardians shall be notified if any deposits or payments for the trip are nonrefundable.

The supervising teacher/sponsor must establish a supervision plan based on the specific destination. The plan must include an evaluation of any unique risks posed by that destination and must provide for the supervision of students at all times.

All chaperones shall be twenty-one years of age or older. For students in grades K-8, one adult chaperone for every ten students is required. For students in grades 9-12, one adult chaperone for every twenty students is required. Students shall be accompanied by a chaperone at all times.

A parent or volunteer serving as a chaperone shall have successfully passed a School Volunteer Records Check.

The school **principal may approve a field trip trips when transportation is provided by a JCPS school bus, by a private vehicle, or when students walk to and from the trip destination. If a common carrier will be used for transportation, board approval is required.**

### **Submission of Requests for Field Trips, Athletic Trips, and Extracurricular Trips**

An electronic Field Trip Request must be completed for all field trips, athletic trips, and extracurricular trips. The electronic Field Trip Request is accessible on the JCPS website Employee page under the Forms tab.

The electronic Field Trip Request must be approved by the principal and distributed as follows:

- **If a common carrier will be used for transportation, the Field Trip Request will be forwarded to [field.trips@jefferson.kyschools.us](mailto:field.trips@jefferson.kyschools.us) in Transportation Services by 10 a.m. prior to the due date listed for each board meeting.** (Refer to the Board Meeting Dates for Field Trip Approval document.) Transportation Services will place the trip on the board agenda for approval.
- **Out-of-County or Overnight Athletic or Extracurricular Trips Only:** If the trip is an out-of-county or an overnight high school athletic or extracurricular trip, the Field Trip Request will be forwarded to [field.trips@jefferson.kyschools.us](mailto:field.trips@jefferson.kyschools.us) and, for informational purposes only, to the director of Activities/ Athletics, April Brooks, via [kim.creek@jefferson.kyschools.us](mailto:kim.creek@jefferson.kyschools.us).

**Note:** A competitive team or program (e.g., Cheer, Dance, Marching Band, Debate) may attend one national competition annually with a maximum of two days of non-school attendance.

- If a trip is an out-of-county or overnight trip, the Field Trip Request will **also** be forwarded to the appropriate assistant superintendent's office for informational purposes only.
- If a trip is an out-of-county or overnight trip, the Field Trip Request will **also** be forwarded to the District's Health Services Department at 485-3670 by 10 a.m. prior to the due date listed for each board meeting. (Refer to the Board Meeting Dates for Field Trip Approval document.)
- Nutrition Services shall be notified of the field trip in order to make adjustments to meal planning for that day. The Sack Lunch Request Form shall be completed and provided to the school's Café Manager at least two weeks in advance of the field trip. If a field trip is cancelled, the school shall notify the individuals/departments to which the Field Trip Request has been distributed.

## **D. Transportation**

### **Permissible Modes of Transportation**

Transportation for field trips may be provided by a JCPS school bus, board-insured vehicle, a private vehicle, or a common carrier on a list provided by the district. Students may walk to and from a field trip destination. *Common carrier* is defined as any method of transportation other than a JCPS school bus or private vehicle. Examples of common carriers include school buses owned by other vendors, motor coaches, limousines, TARC, trains, riverboats, and airlines.

### **Independent Student or Parent/Guardian Transportation to a Field Trip Destination**

If a private vehicle is used to transport students, the owner of the vehicle must submit a proof of car insurance to the school prior to the trip. With proper parental authorization, a student may transport himself/herself/themselves but under no circumstances may a student transport another student. If a parent/guardian transports his/her/their own child only or if a student transports himself/herself/themselves, the parent/guardian must sign the student out of school for the period of time required for transportation to and from the field trip destination. For attendance purposes, the parent/guardian may request that the time the student is signed out of school during the instructional day be recorded as an excused absence for an educational-enhancement opportunity.

### **Vehicle Standards and Transporting Students**

- A vehicle designed to carry more than nine (9) passengers in addition to the driver being used for transporting students to or from school for a school-related event shall meet the Kentucky Minimum Specifications for school buses.
- A vehicle designed to carry nine (9) or fewer passengers in addition to the driver being used for transporting students to or from school for a school-related event shall:
  - o Conform to the standards set forth in 702 KAR 5:130;
  - o Be board-owned and insured, or provided by an appropriately insured contractor; and
  - o Be driven by a District employee or contractor.
- All passengers shall be given emergency-evacuation instructions prior to each trip.
- A passenger list shall be given to the driver, and a copy shall be retained in the principal's office.
- The aisle of the bus or vehicle shall be kept clear of all items, such as luggage and coolers. No item shall be inside the bus or vehicle that is not in the possession of or held in the lap of a passenger.
- No bus or vehicle making an out-of-county trip shall carry more than two passengers to a seat.
- Only a student who attends the participating school is permitted to ride the school bus or vehicle, except a middle school student "playing up" on a high school athletic team may ride a bus or vehicle with his/her/their team.
- A JCPS-owned school bus or vehicle may be used for a field trip, athletic trip, or extracurricular trip on a limited basis if the following conditions are met:
  - o Vendors on the bid list have been called and no bus is available;
  - o The person assigned to drive the JCPS bus or vehicle has been certified by the JCPS Transportation Department;
  - o Wages of the driver, if necessary, are paid using school funds; and
  - o The one-way travel distance is within a strict 120-mile radius.

If you have questions or need clarification of the above, please contact **Transportation Services** at **485-3470**.

## **E. Athletic/Extracurricular Trips**

Travel for interscholastic athletic and extracurricular activities may occur during a summer, fall, winter or spring break or other intersession with prior approval of the principal and board of education.

A school shall use the JCPS Activities and Athletics Travel Plan Form (to submit schedules for each sport and activity. These forms are available on the JCPS Athletics, Activities, and Academic Competitions webpage and should be scanned to [chequita.holland@jefferson.kyschools.us](mailto:chequita.holland@jefferson.kyschools.us) in Transportation Services, and to [kim.creek@jefferson.kyschools.us](mailto:kim.creek@jefferson.kyschools.us) in JCPS Activities and Athletics.

Schedules should be received in both offices on **July 15** (fall sports and activities), **October 15** (winter sports and activities), and **February 15** (spring sports and activities). Please include the mode of transportation (activity bus, common carrier or vendor bus or vehicle, private vehicle, JCPS school bus or vehicle) for all events. For any previously unscheduled events (events left off the Travel Plan or scheduled past the above due dates) or overnight events, please use the electronic Field Trip Request. For questions, call the Activities and Athletics department at **485-3331**.

## F. Student Accident Insurance

The board provides student accident insurance for all students. The student accident insurance provides secondary medical coverage for all students during the school day and while they are participating in school-sponsored activities, including field trips. This coverage is secondary to the students' primary health insurance.

If a student is injured while on a field trip, the supervising teacher should notify the principal and parent as soon as possible. The appropriate school official should complete Part I of the Student Insurance Claim Form and provide the form to the parent/guardian to submit directly to the student accident insurance company. The school official should also submit the online JCPS Accident Report. A copy of the Student Accident Insurance Claim Form and the applicable instructions can be accessed on the JCPS Insurance Forms web page at <https://www.jefferson.kyschools.us/business-services-division/real-estate-insurance/real-estate-and-insurance-forms>.

## G. Health Services for Out-of-County and/or Overnight Trips

In accordance with Board Policy 09.36 Field Trips and Excursion, the administration of medications during field trips shall comply with applicable law, regulation and medication training developed by the Kentucky Department of Education.

For all out-of-county and/or overnight field trips and athletic/extracurricular trips a school shall:

- Send the Field Trip Request Form to JCPS Health Services at **485-3387** by 10 a.m. prior to the due date listed for each board meeting. (Refer to the Board Meeting Dates for Field Trip Approval document.)
- Compile a list of all students who may need medication administered or health services provided while on the field trip. The following information for each student who may need medication shall be included:
  - Daily medications
  - Medications that may be given on an as-needed basis (including asthma inhalers)
  - Emergency medications (e.g. Diastat, EpiPen, Glucagon)
  - Other health services the student will or may need
  - Whether or not the student is authorized to self-administer medications (e.g. asthma inhalers/EpiPens); see the JCPS School Health Plan; **09.2241 AP.21 Permission Form for Prescribed or Over-the Counter Medication**; or statement from a health care provider.
  - Medications the student receives at home that must be administered on the trip (e.g. nighttime medications, once-a-day medications, etc.)
- Hold a meeting with parents/guardians of the students who require health services and determine whether or not the parent/guardian of each child will attend the field trip with his/her/their child. The parent/guardian cannot be required to attend the trip unless the parents/guardians of all students are required to attend.
  - During the parent/guardian meeting, ensure that all JCPS Health Services documentation has been completed, including **09.2241 AP.21 Permission Form for Prescribed or Over-the Counter Medication** and **09.224 AP.21 Nurse Office Consent for Treatment/Emergency Information Form**
  - If the parent/guardian is attending the field trip with the student requiring medication or health services, no further action is needed.
  - If the parent/guardian is not attending the field trip with the student requiring medication or health services, the school staff must make arrangements in collaboration with JCPS Health Services to meet the student's health needs. For out of state field trips in which delegation of medication administration is not allowed, a student may self-administer medication with staff supervision. A statement from a healthcare provider must be on file. Trained staff are responsible to carry and store the medication and should make sure that the student is taking the medicine as ordered.
  - Arrangements may include trained unlicensed school staff accompanying the students on the trip and/or contracting with staff from a nursing agency licensed in the applicable state. There may be a cost to the school related to contract nursing services. Please contact your Health Services Nurse Practitioner for details.
- When students will be traveling outside of the stat, the Superintendent/designee shall:
  - o Determine applicable legal requirements concerning delegation of student medication responsibilities in states through which the students will be traveling; and
  - o Assign staff to accompany students on the trip to address student medication needs.

The electronic Field Trip Request is accessible on the JCPS website Employee page under the Forms tab.

Other field trip forms will be updated as needed. Please refer to the JCPS website to obtain the most current versions.





## 2022-2023 Secondary (Excess) Student Accident Insurance Claims Filing Instructions

Jefferson County Public Schools has obtained a Secondary (Excess) Student Accident Insurance policy in the event that a student is injured during a covered event and will require outside medical treatment. An Injury Claim form must be submitted to A-G Administrators, the Claims Company for the accident insurance policy.

Please be advised that this coverage is excess (secondary in most situations) to all other valid and collectable insurance plans. Each student should initially provide their primary health insurance information to each medical provider at the time of treatment, as well as the Secondary (Excess) Student Accident insurance information. This policy is designed to help cover remaining medical balances related to a covered injury/accident that are not covered by the student's primary insurance (including co-pays, deductibles, coinsurance, etc.) and left to patient responsibility.

To ensure that claims are covered under the Secondary (Excess) Student Accident Insurance students are asked to give the billing information to each medical provider prior to every medical treatment and/or service for an athletic related injury.

Student Accident Insurance Plan  
Secondary (Excess) Coverage

**Jefferson County Public Schools**

Policy Effective Date: 7 /1/2022  
Benefits become effective on Date of Injury

Deductible: \$ 0 per Injury  
Coverage limit: \$ 25,000 per accident



Policy #: JCPS202223  
Group #: Jefferson County



**Front of Card**

Members Call: 1-800-634-8628  
Providers Call: 1-800-634-8628

Eligibility is subject to change. This card is for identification purposes only and does not guarantee benefits.

For claims questions or submissions, please contact:

**AG Administrators**  
PO Box 21013  
Eagan, MN 55121

Phone: 800-634-8628 | Fax: 610-933-4122



**Back of Card**

**Please Note:** you may contact Gallagher Student Health & Special Risk, Jefferson County's insurance broker if you have any questions regarding coverage. Their contact information is as follows:

Phone: (877) 345-8928 | E-mail: [SpecialRisk@GallagherStudent.com](mailto:SpecialRisk@GallagherStudent.com)



## Schedule of Benefits

|   |  |
|---|--|
| Accident Medical Expense Maximum                | \$25,000 per Injury  |
| Insured's                                       | All registered and enrolled Students while participating in policyholder Sanctioned, Sponsored or Supervises school activities including Interscholastic Sports.   |
| Covered Activities                              | School activities sanctioned, sponsored, or supervised by the Jefferson County Board of Education, including overnight field trips (overnight chaperones included), interscholastic sports including football, Exceptional Child Education (ECE) program, and Co-Op students participating in an approved Co-Op program. Co-Op students are covered for travel directly to and from a sponsored Co-Op activity, including if the Co-Op student is driving (supervised or unsupervised) |
| Deductible                                      | \$0 per Injury   |
| Benefit Period                                  | 52 weeks from the original date of injury  |
| Accidental Death and Dismemberment              | \$25,000 per occurrence; \$10,000,000 Aggregate Limit per any one occurrence   |
| First Medical Treatment                         | Within 180 days of the injury to trigger the claim to be eligible under the policy   |
| Hospital Room & Board Daily Maximum             | 100% of the Semi-Private Room Rate   |
| Hospital Miscellaneous Benefit                  | \$3,000 per Injury   |
| Intensive Care                                  | 100% of URC  |
| Out-Patient Surgery Benefits                    | Non-Surgical: \$2,500/injury; Surgical: \$20,000/injury  |
| Physician's Visits                              | Surgery/Fracture Care Fees: 100% URC<br>Anesthesiologist: 30% of Surgery<br>Second Surgical Opinion: 100% URC<br>Non-Surgery visits & Consultation: 100% URC   |
| X-Ray Benefit                                   | \$1,500 per Injury   |
| Laboratory Benefit                              | \$600 per Injury   |
| Outpatient Physiotherapy Benefit                | \$50 per visit, maximum of \$750   |
| Ground Ambulance Benefit                        | 1 Trip paid in Full  |
| Dental Treatment                                | \$1,000 per injury to sound and natural teeth  |
| Out-Patient Prescription Drug Benefit           | \$300 per injury   |
| Durable Medical Equipment                       | \$500 per injury   |
| Replacement Eyeglasses, contacts or hearing aid | \$100 per injury   |
| Emergency Medical Evacuation Benefit            | \$100,000 per injury   |
| Repatriation Benefit                            | \$25,000 per injury  |
| Home Health Care Benefit                        | 100% of URC up to \$30,000 per year  |





SPORTS INSURANCE SPECIALISTS

K-12 STUDENT

ACCIDENT CLAIM FORM

Please complete and submit to A-G Administrators with itemized medical bills AND primary insurance explanation of benefits.

Send all claim forms and documents using our secure upload portal: upload.agadministrators.com Alternatively, submit documents to claims@agadm.com.

For questions, however, please contact A-G Administrators: customerservice@agadm.com.

Section I: to be completed by School

SITE/SCHOOL CONTACT INFORMATION

Form fields for Site/School Contact Information including First Name, School/Organization Name, Last Name, Title, Email Address, and Phone Number.

POLICYHOLDER INFORMATION

STUDENT INFORMATION

Form fields for Student Information including Student's Name (First Name, Middle Initial, Last Name), Date of Birth, Sex, Social Security #, Student's Phone Number, Student's EMAIL, and Student's Home Address (Street, City, State, ZIP).

ACCIDENT INFORMATION

Form fields for Accident Information including Circumstance, Type of Activity, Activity/Sport, Accident Date, Body Part Injured, Place of Accident, and Nature of Injury.

Section II: to be completed by student or guardian

INSURANCE INFORMATION

Form fields for Insurance Information including Does the claimant have primary insurance?, Insurance Company Name, Insurance Company Address, Policy Number, and ID#.



Policyholder (School): \_\_\_\_\_

**AUTHORIZATION**

**AFFIDAVIT:** I verify the statement regarding other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse A-G Administrators to the extent for which A-G Administrators would not have been liable.

**AUTHORIZATION TO RELEASE INFORMATION:** I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization, or any family member to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to A-G Administrators and its designees. I also authorize A-G Administrators to release medical and billing information to any family member or health care provider if necessary to facilitate any potential payments.

**PAYMENT AUTHORIZATION:** I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

**STUDENT/PARENT APPROVAL:** I certify that approval has been granted from the student or student’s parent or legal guardian (if minor) to submit this claim.

SIGNATURE OF SCHOOL OFFICIAL

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

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**Notice to CALIFORNIA RESIDENTS:** The California Consumer Privacy Act (CCPA) is a comprehensive privacy law that went into effect on January 1, 2020. The CCPA provides enhanced rights to California residents, including a right to access information, a right to delete information (in certain circumstances), and a right to opt out of the sale of information. Please

direct any inquiries regarding the CCPA to your third party administrator claim representative. FRAUD WARNING: Any person who, knowingly and with intent to defraud, or helps commit a fraud against, any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits or may be committing a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

**WARNING TO THE RESIDENTS OF:**

Alabama: presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona, Arkansas and Rhode Island: presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or specific to AR and RI: or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Delaware: and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Florida: and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky: and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

New York: and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Pennsylvania: and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Louisiana: knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Mexico: presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Texas: presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

West Virginia: presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maryland: or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. New Jersey: files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

Puerto Rico: and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are

present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**WARNING:**

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Hawaii: Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.





## Field Trip Permission and Release

### This Section to Be Completed by the School

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

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

Supervising Teacher(s): \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_

Method of Transportation:  JCPS Compound Bus  JCPS Activities Bus  Common Carrier  Private Automobile(s)  Walking

If overnight, specify housing arrangements: \_\_\_\_\_

The teacher will complete the Sack Lunch Request Form two weeks in advance of field trip.

### This Section to Be Completed by the Parent/Guardian

I, the parent/guardian of \_\_\_\_\_ (Student's Name) hereby give permission for him or her to participate in the above-named field trip.

In consideration of the advantages of this field trip, I agree to release, indemnify, and hold harmless the Jefferson County Board of Education, its agents, and employees from liability for bodily injury or property damage that might occur during this trip. If my child has a medical condition that requires health services and/or medication(s) while on this field trip, I have communicated those needs to the school personnel.

#### Meal Service:

- Please provide my child with a sack lunch from the school cafeteria.
- My child does **not** need a sack lunch from the school cafeteria because I will provide one or the field trip includes lunch.

Name of Parent/Guardian: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

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



# Field Trip Approval Form

All field trips must be approved by the principal.

Field trips using common carriers must then be approved by the Jefferson County Board of Education.

Details of Trip: \_\_\_\_\_

School Name: \_\_\_\_\_ Date(s) of Trip: \_\_\_\_\_

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

Educational Purpose: \_\_\_\_\_

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

Supervising Teacher(s): \_\_\_\_\_

Names of Chaperones: \_\_\_\_\_

Name of Trained Staff Member (for Health Services): \_\_\_\_\_

Type of Trip  Instructional  Activities/Athletics (only needed for postseason or previously unscheduled activity or athletic competitions)

JCPS Compound Bus  JCPS Activity Bus  Walking  Common

Carrier (Common Carrier Vendor Name): \_\_\_\_\_ Charter # \_\_\_\_\_

Private Automobile(s) Owner's Name(s): \_\_\_\_\_

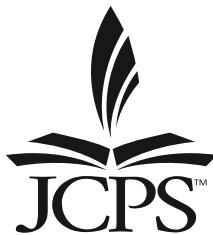
Number of Buses (JCPS or Common Carrier): \_\_\_\_\_

- Principals must approve field trips. Field trips that use a common carrier must also have Board approval. Field trips must have an educational purpose and must be closely related to the instructional program.
- Field trip permission forms must be obtained for each participating student.
- Nutrition Services must be notified of the field trip to make adjustments to meal planning for the day(s). The Sack Lunch Request Form must be completed and provided to the café manager at least two weeks in advance of the field trip.
- A supervision plan must be established based on the specific destination. The plan must include an evaluation of any unique risks posed by that destination and must provide for the supervision of students at all times. One adult chaperone for every ten students is required.
- If transportation is provided by private automobile(s), an employee or volunteer insurance affidavit for each vehicle used must be on file with the JCPS Insurance Office.
- If a student requires medication to be administered during a field trip or requires other health services, you must contact Health Services at **485-3387** prior to approval.

- Please enter all field trips into the electronic system at <https://apps.jefferson.kyschools.us/FieldTrip>. Trips must be approved by the principal by 10 a.m. prior to the due date listed for each Board meeting.
- If the trip is an out-of-county and/or overnight elementary, middle, or high school athletic trip, the principal must also email this form to their assistant superintendent and, for informational purposes only, to the district director of Activities and Athletics.
- For all out-of-county and/or overnight trips, you must also email this form to Health Services at least two weeks prior to the field trip.

**I confirm that the above requirements for this trip have been met.**

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



[www.jefferson.kyschools.us](http://www.jefferson.kyschools.us)

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87615 Operations Field Trip Procedures (Revise) 8/23 BJ