Tours and Activities Request (Per Education Code A24)

School _____

Title of Trip _____

Type of Trip (see Education Code A24-128):

☐ A. Class, club and Student Association Activities (2 days max)

Specify: _____

☐ B. Athletic Teams, Music Organizations and Other Promotional Groups (3 days max)

Specify: _____

☐ C. Outdoor and Extended Campus Education Activities and Mission Outreach Projects (5 days max)

Specify: _____

☐ D. Combination of tours and Activities and/or Requests for Additional Days (5 days max)

Specify: _____

Destinations _____

_____

_____

Date of Departure _____ Date of Return _____ Total School Days _____

Number of Male Students _____ Number of Female Students _____ Cost Per Student _____

Number of Faculty Chaperones _____ Number of Other Chaperones _____

Participating Faculty _____

Destination	School Principal	School Board	Hawaii Conference Board of Education	General Conference Office of Education
Intra Hawaii Conf.	*Approval Required*	*Approval Required*		
Out of Hawaii Conf.	*Approval Required*	*Approval Required*	*Approval Required*	
Out of Pacific Union	*Approval Required*	*Approval Required*	*Approval Required*	
Interdivisional	*Approval Required*	*Approval Required*	*Approval Required*	*Approval Required*

Tours and Activities Checklist

		Yes	No	Notes
TRANSPORTATION	Public transportation			
	Rental vehicle (specify company and type)			
	School vehicle (specify school and type)			
	Private (personal) vehicles			
	Qualified drivers (registration on file; list drivers)			
	Fire extinguisher			
	Emergency road kit			
	Seating and load capacity adhered to			
	Other:			
		Yes	No	Notes
ADMINISTRATIVE	School Board approval (specific date)			
	Permission slips			
	Medical release forms (all students)			
	Volunteer background clearance (all adults)			
	Activity/Site approval by proper authorities			
	Accident medical insurance			
	Miscellaneous accident *			
	Volunteer labor construction (as needed) *			
	Short term travel *			
	Traveler's advisory checked			
	Other:			
		Yes	No	Notes
SUPERVISION	Adequate number of chaperones			
	Supervision qualified for activity			
	First Aid trained staff (specify whom)			
	Current CPR certified staff (specify whom)			
	Current Lifeguard certification (if required; specify whom)			
	Outside supervisors (from location site)			
	Other:			
		Yes	No	Notes
EMERGECNY PLAN	Weather advisories checked for area			
	Emergency/Disaster plan prepared			
	Cellular phone (provide number)			
	AM/FM or weather-band radio or two-way radio needed			
	Additional clothing requirements			
	Shelter requirements			
	Emergency water			
	Emergency food			
	Wool or space blankets			
	Clothing and equipment list distributed			
	Other:			
		Yes	No	Notes
SAFTEY	Safety equipment available for participants			
	Safety equipment required (specify type)			
	Safety equipment checked prior to trip			
	Safety equipment inspected before use			
	Other:			

Date approved by local School Board _____ *Attach School Board Minutes*

Principal Signature _____ Date _____

Date approved by Hawaii Conference Board of Education _____

Superintendent Signature _____ Date _____