Field Trip Checklist & Planning Guide
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**Any Given Child** is a national initiative that is managed by the Kennedy Center in Washington D.C. Tulsa was the fifth city in the nation to receive the Kennedy Center’s support to assist in ensuring the arts for children. The initiative is a joint partnership between Tulsa Public Schools, the Mayor’s Office, and the Tulsa Arts and Humanities Council. The Kennedy Center worked with the Tulsa Any Given Child team to find community funding, to create a Community Arts Team and to establish a Mission Statement.

The Mission Statement:

| We believe that all Tulsa Public School students must have equal access to sustained, high quality learning in the visual and performing arts. Every k-8th student should engage in live arts experiences through partnerships across the community with arts specialists and classroom teachers who integrate the arts into ongoing classroom learning and connect students to the world around them. We value opportunities for all Tulsa children to create, communicate, and think in concrete and abstract ways. For Tulsa children, families, and the community, the arts are essential. |

Tulsa Public Schools is partnering with the following organizations to provide an arts experience for the assigned grade level –

| K | Performing Arts Center Trust |
| 1 | Gilcrease Museum |
| 2 | Tulsa Opera |
| 3 | Philbrook Museum |
| 4 | Chamber Music Tulsa, Choregus Productions |
| 5 | Tulsa Ballet |
| 6 | Arts & Humanities Council of Tulsa Hardesty Arts Center (AHHA) and 108 Contemporary OR Living Arts of Tulsa |
| 7 | Sherwin Miller Museum |
| 8 | Tulsa Symphony |
Ensuring the Arts for Every School, Every Child

6th grade - 4th grade

1st grade

2nd grade

3rd grade

4th grade

5th grade

6th grade

7th grade

8th grade
The Kennedy Center’s Definition for Arts Integration

Arts Integration is an APPROACH to TEACHING in which students construct and demonstrate UNDERSTANDING through an ART FORM. Students engage in a CREATIVE PROCESS which CONNECTS an art form and another subject area and meets EVOLVING OBJECTIVES in both.
Field Study Trip Checklist and Planning Guide

Field Study Trip Location_________________________Field Study Trip Date(s)/Time(s)____________
Teacher Contact on Field Trip – Name __________________________ Cell ____________________
Number of Students______ Number of School Personnel______ Number of Chaperones______

Checklist

1. ________ Field Study Trip entered on School Master Calendar
2. ________ Cafeteria Manager notified (including the number of school lunches needed)
3. ________ Faculty members trained to administer medication
4. ________ Student Permission Slips signed
5. ________ Volunteer forms on file for all non-staff members attending
6. ________ Substitute and lunch/playground duty coverage
7. ________ Bus confirmation from Transportation Department

Notifications

<table>
<thead>
<tr>
<th>Principal (dates, location, contact)</th>
<th>Cafeteria Manager (lunches)</th>
<th>Nurse (medication, med-cert teacher)</th>
<th>Team Lead (coverage, permission slips)</th>
<th>Principal’s Secretary (coverage, contact)</th>
<th>Transportation (bus confirmation)</th>
<th>Parent (permission slip, volunteer form, talent form)</th>
</tr>
</thead>
</table>
Planning Guide

1) Kindergarten – 8th grade principals and/or site contact person will be notified by Amber Tait, Executive Director for Any Given Child with a pre-reserved designated date and time for their grade level Any Given Child Field Study Trip. *Schools do not place transportation requisitions.* Tulsa Public Schools Transportation will also send confirmation of date and time to the principal and the site Any Given Child Contact. Please make sure the date is added correctly to your school’s master calendar.

   Amber R. Tait
   Executive Director for Any Given Child
   atait@ahct.org

2) Cafeteria Managers must have at least one or two week’s notice prior to the field trip. Notice includes number of students going on field trip, a list of student names, and the total count of sack lunches needed. *Some field study trips will not interfer with lunch time.*

3) School nurses should train at least one teacher attending the field study trip to insure safety when dispensing medication and assisting in first aid. School nurses will also need a list of students’ names one week before the field study trip to prepare a kit with the proper student medication.

4) Permission slips must be passed out and returned at least one or two weeks before the field study trip. *Students without a signed permission slip may not attend.* Compile a list of names of students who returned their permission slips. Next, assign a group of students to an adult supervisor, and provide that supervisor with the list. Lists should also be given to school nurse, cafeteria manager, and Any Given Child site contact.
5) Volunteer applications and security check forms should be on file for any non-staff member attending the field study trip. This application may be completed at the beginning of the year. Only one form needs to be completed if the person is already serving as a tutor or school volunteer.

6) Make sure arrangements have been made for students not attending the field study trip. Coverage for classes, assigned duties, or meetings must be planned prior to the day of the field trip.

7) Verify field study trip arrangements with TPS Transportation at least three days before departure.

8) Please keep parents informed of the date of the field study trip in order to help them with scheduling appointments. Parents may not take any student in an unauthorized vehicle to or from a field study trip location.
Traveling Procedures

✓ Make sure that the office has the cell number of the Person In Charge.
✓ Before leaving the school, have students meet in the cafeteria or school meeting area to be assigned groups, review rules for behavior, and review the agenda for the field study trip.
✓ Identify the Person In Charge and all the adult supervisors attending the field study trip.
✓ Provide each of the supervisors a list of students’ names with their group highlighted.
✓ Give each of the supervisors his/her assigned bus number.
✓ Person In Charge will ride on the lead bus.
✓ On the bus before leaving the school, call roll and count students.
✓ Before leaving from the field study trip location to return to school, call roll and report the student count to the Person In Charge.
✓ Report any missing students to the Person In Charge.
✓ The Person In Charge will make the necessary calls to the Principal.
RETURN NO LATER THAN __________

SINGLE FIELD TRIP PERMISSION AND AUTHORIZATION FOR
EMERGENCY CARE TO MINOR(S)
_______________SCHOOL

___________________________ has my permission to go with (his/her) __________ class on a field trip to
___________________________ on __________, 2____. He/She will leave ______________ building by
___________________________ at ________ a.m./p.m. He/She will return to ______________ building by ________ at
approximately __________ a.m./p.m.

In the event of a medical emergency (in the judgment of school personnel) to the minor student during the trip, I/We hereby
authorize ambulance transport, X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any
ambulance service, physician, dentist, or hospital services or any other emergency medical services to said minor whether
such diagnosis or treatment is rendered at the office of the physician, dentist or hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to
encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise the best medical
judgment in diagnosis, medical, dental or surgical treatment. I/We understand that I/We will assume full financial
responsibility for care rendered.

Signature __________________________ Date __________
(Parent/Legal Guardian or Person Responsible for Student’s Care)

___________________________
(School)

Signature __________________________ Date __________
(Parent/Legal Guardian or Person Responsible for Student’s Care)
HEALTH SERVICES

YEAR LONG FIELD TRIP PERMISSION AND
AUTHORIZATION FOR EMERGENCY CARE TO
MINOR(S) ___________________________ SCHOOL

_________________________ has my permission to go with (his/her) ___________ class on field trips throughout the
_________________________ school year. Parents will be notified in advance of changes and/or additional field trips. Staff members will accompany
the children. He/She will leave the ____________ building by ____________ at _________ a.m./p.m. Each trip will take
approximately ______ hours.

The following field trips are scheduled for the ________ School Year:

In the event of a medical emergency (in the judgment of school personnel) to the minor student during the trip, I/We hereby authorize
ambulance transport, X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any ambulance service,
physician, dentist, or hospital services or any other emergency medical services to said minor whether such diagnosis or treatment is
rendered at the office of the physician, dentist or hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage
those persons who have temporary custody of the minor, and said physician or dentist to exercise the best medical judgment in
diagnosis, medical, dental or surgical treatment. I/We understand that I/We will assume full financial responsibility for care rendered.

Signature __________________________________________ Date _____________

(Parent/Legal Guardian or Person Responsible for Student’s Care)

Signature __________________________________________ Date _____________

(Parent/Legal Guardian or Person Responsible for Student’s Care)
TULSA PUBLIC SCHOOLS
VOLUNTEER APPLICATION AND SECURITY CHECK

DATE__________________________ SCHOOL SITE______________________________

Last Name________________________ First Name_________________________ Middle Initial________________________

SS#________________________ Date of birth________________________ E-Mail________________________

Home Phone________________________ Cell Phone________________________

Current Address

City________________________ State Zip________________________ How long________________________

Previous Address (if at current address less than 3 yrs.)


VOLUNTEER BACKGROUND QUESTIONNAIRE

Student and staff safety is of paramount concern to TPS. Please respond to the following questions truthfully and honestly. The disclosure of a prior criminal history will not automatically prohibit selection as a volunteer.

1. Have you ever entered a plea of guilty or no contest to a federal or state (any state) felony charge in a criminal proceeding? Yes No

2. Have you ever been convicted of or found guilty of a federal or state (any state) felony offense? Yes No

3. Have you ever been charged with a federal or state (any state) offense that was reduced to a misdemeanor offense to which you pleaded guilty or no contest? Yes No

4. Have you ever entered a plea of guilty or no contest to, or been convicted of, a federal or state (any state) misdemeanor charge including illegal chemical substance or illegal sexual activity? Yes No

5. Have you ever entered into a deferred prosecution agreement with a federal or state (any state) prosecutor? Yes No

6. Have you ever pled guilty or no contest to misdemeanor offense that was originally a federal or state (any state) felony charge? Yes No

7. Have you ever been served with an Emergency Ex Parte Restraining Order or any Protective Order in this or any other state for allegations of harassment, abuse, domestic violence, stalking or threats to any person? Yes No

8. Have you ever been taken into protective custody for being a threat to yourself or others or have you ever been ordered to mental health services as a result of having served with an Emergency Order of Detention or an Order of Detention for Mental Health from any Court? Yes No

If yes to any of the above, please provide explanation:________________________

________________________

Signature of volunteer Today’s Date________________________

FOR SCHOOL USE ONLY

NOTE: This form MUST have the Principal’s signature before this application can be processed.

The information provided by the volunteer applicant has been checked against the databases of the following sites:

The Oklahoma State Court Network (OSCN) www.oscn.net Date Checked(____/____) by:________________________

Oklahoma Department of Corrections www.doc.state.ok.us Date Checked(____/____) by:________________________

Sex Offender Registry National www.nsopw.gov Date Checked(____/____) by:________________________

Local www.tulsapd.org Date Checked(____/____) by:________________________

Additional Background Check Requested: ___ Yes ___ No

________________________

Principal’s Signature Date________________________
TULSA PUBLIC SCHOOLS
BACKGROUND CHECK AUTHORIZATION AND RELEASE

In connection with my employment/volunteerism or application for employment (including contract for services and volunteer work), an investigative consumer report and consumer reports, which may contain public record information, may be requested from AMERICANCHECKED, INC. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers’ compensation claims, credit, bankruptcy proceedings, criminal records, etc, from federal, state and other agencies which maintain such records.

I authorize TULSA PUBLIC SCHOOLS, or its agent, AMERICANCHECKED, INC. or other entity, to prepare a consumer report or investigative consumer report about me for employment/Volunteer-related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I hereby fully release and discharge AMERICANCHECKED, INC., their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to AMERICANCHECKED, INC. from all claims and damages arising out of or relating to any investigation of my background for employment/volunteer purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

AMERICANCHECKED, INC. is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment/volunteerism, promotion or any other lawful purpose. I agree that such information, and my employment history, may be supplied to AMERICANCHECKED, INC. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment/volunteerism or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment/volunteerism, or my eligibility for promotion.

Signature of volunteer ___________________________    Today’s Date ______________
Sack Lunch Request Form

It is important that you return this form to the cafeteria with one box marked YES or NO.

NOT LATER THAN ________________

Cafeteria: email:
Office email:
Fax

Date of the Field Trip: ____________________________

Print Student’s Name: ____________________________

Trip: ____________________________

Instructional Area: ____________________________

☐ YES, my child will need a sack lunch.
☐ My child has food allergy information on file in the Health Clerk’s office at school.

☐ NO, my child will not need a sack lunch.

Approved: Principal
TULSA PUBLIC SCHOOLS
HEALTH SERVICES

PARENT/LEGAL GUARDIAN/PERSON RESPONSIBLE FOR STUDENT’S CARE
REQUEST FOR DESIGNATING AN ADULT TO TRANSPORT
MEDICATION/MEDICAL EQUIPMENT

The undersigned, parent/legal guardian/person responsible for the care of ________________ (student’s name)
who is enrolled as a student in __________ grade at __________________________ school,
hereby designate the following adult(s) to bring the following medication(s) __________________
and/or the following medical equipment __________________ to the school health clinic.

<table>
<thead>
<tr>
<th>Name of Adult</th>
<th>Name of Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Adult</td>
<td>Name of Adult</td>
</tr>
<tr>
<td>Name of Adult</td>
<td>Name of Adult</td>
</tr>
</tbody>
</table>

I understand that by designating another adult, I am responsible for any loss, theft, contamination, or inappropriate sharing of the medication(s) and/or medical equipment with other individuals, prior to the item(s) reaching a designated staff member of the school. I also understand that if this arrangement creates difficulties, I will be contacted to review/revise my request.

<table>
<thead>
<tr>
<th>Date: __________________</th>
<th>Date: __________________</th>
</tr>
</thead>
</table>

Parent/Legal Guardian/Person Responsible for Student’s Care

Address

Phone Number

HD 38
TALENT RELEASE FORM
2013-2014 School Year

I, ________________________________ (parent/guardian), hereby grant to Tulsa Public Schools (TPS) the irrevocable right and permission to create, copyright, modify, publish, and redistribute photographs, videos, or audio recordings of me or my minor child,______________________________ (student).

I understand and agree that these works will become the exclusive property of TPS and that I am to receive no compensation or remuneration for my participation, or that of my child. TPS may reassign, license or otherwise transfer all rights granted to it. I am of full age (eighteen and older) and have the right to contract in my own name and/or on behalf of my minor child. I have read and understand the contents of this release.

______________________________
Parent/Guardian Signature

______________________________
Date

Return this form to the school principal.
TO: Principals of K-8th grade

FROM: Jean Swanson, Director of Constituent and Student Services and Any Given Child, Tulsa Liaison; Dr. Ann Tomlins, Coordinator of Fine Arts; Vicki Johnson, Director of Elementary and Secondary Curriculum;

THROUGH: Dr. Phyllis Lovett, Lead Instructional Leadership Director for Elementary Schools; Dr. Oliver Wallace, Lead Instructional Leadership Director for Secondary Schools;; Tracy Bayles, Chief Academic Officer

DATE: July 1, 2013

RE: Any Given Child, Tulsa Arts Related Funding

- K-8th grade students will be given the opportunity in the 2013-14 school year to experience one community arts organization sponsored field study trip. These field study trips will have a pre-written lesson plan provided by Curriculum and Instruction in Music, Theater, Dance and Visual Arts to be delivered collaboratively by your school’s K-8th teachers to prepare the students for the field study trip. The Community Arts Organizations Field Study Trips by grade as follows:
  - K - Performing Arts Trust – Theater
    - 1st – Gilcrease – Visual Arts
    - 2nd – Tulsa Opera – Dance
    - 3rd – Philbrook – Visual Arts
    - 4th – Chamber Music Tulsa and Choregus Productions – Music/Dance
    - 5th – Tulsa Ballet – Music
    - 6th – AHHA, 108 Contemporary, Living Arts – Visual Arts
    - 7th – Sherwin Miller – Visual Arts
    - 8th – Tulsa Symphony Orchestra - Music
  - Kindergarten -8th grade principals will be notified by Amber Tait, Executive Director for Any Given Child with a pre-reserved designated date and time for their grade level Community Arts Organization Field Study Trip. Transportation costs are covered by private donations (schools do not place transportation requisitions). Tulsa Public Schools Transportation will also send confirmation of date and time to the principal and Any Given Child Contact Person.
• To assist the teachers with arts related materials to deliver the assigned lesson plans, the district has designated Any Given Child, Tulsa funding account. Those K-8\textsuperscript{th} schools that are 250 or less will receive $125.00, 599 or less will receive $500.00 and those schools that are 600 and above will receive $1,000.00. These amounts are allocated from the 2013-14 membership. No adjustments for student membership fluctuation can be made once school begins.

• Each K-8\textsuperscript{th} school will need to have the grade level teachers at their site work together to share the funded materials. NOTE: The principal must approve all orders and the schools designated person will need to abide by district policy and approved processes when ordering the needed arts related materials.

• Target date for sites to begin entering RQ’s using 2013-14 funds is May 16\textsuperscript{th}.

• Two Any Given Child, Tulsa warehouse account numbers will be set up for each school site:
  - Paper – 11-0165-1000-506111-100-000000-000-07-xxx
  - Supplies – 11-0165-1000-506191-100-000000-000-07-xxx

• The Budget Office will be placing the funds in the paper account. But since the accounts for each site will be in a rollup group – sites will not be required to transfer funds to other accounts as needed. However, if the site wishes to purchase from an outside vendor – or have an Office Max account, they will need to contact Chuck Brandenburg to have the account set up. These funds will be included in their initial budget for FY 14.

• Teresa Pena, Academic Coordinator and Dr. Ann Tomlins, Coordinator for Fine Arts have provided art related supplies information below:

  - Not all supplies need be ordered from the Warehouse. Some supplies could be purchased from other approved District Vendors for special projects.*
  - Every site should order extra reams of paper, poster board and note cards for student written assignments.

  - Every site should order basic art supplies from the Warehouse that include:
    - Packages of Crayons# 455, 456, 458
    - Glue Bottles# 655
    - Marker sets# 031, 032
    - Tempera paints# 190, 195, 225, 235, 240, 251
    - Watercolor paper# 880
    - Glue sticks# 646
    - Sharpies# 930
    - Scissors# 240, 250
    - Construction Paper in all colors including white drawing paper# 740

• *Some supplies could be purchased from approved outside District Vendors (below). (For special projects contact Chuck Brandenburg to have the account set up.) These funds will be included in their initial budget for FY 14.
✓ Dick Blick
✓ Sax
✓ Nasco
✓ Ziegler’s Art Supplies
✓ West Music
✓ Crystal Productions
✓ Saied’s
✓ Home Depot
✓ Lowe’s

If you have questions, you may contact Jean Swanson at swansje@tulsaschools.org or Dr. Ann Tomlins at tomlian@tulsaschools.org
Thank you!