

University of Wisconsin-Platteville

Overnight Field Trip Guidelines

Introduction

The following guidelines apply to overnight University sponsored trips. For the purposes of this document, “university sponsored trips” are defined as trips which have been initiated and sponsored by university faculty and/or academic staff and the faculty/staff member leads the student(s) on the trip. Such trips are limited to UW-Platteville students and faculty and academic staff.

Trip Guidelines

1. No later than two weeks prior to leaving on the trip, the faculty/staff trip leader will provide in writing the following information to each student and to the faculty/staff's chair/supervisor. In addition, a copy of the itinerary including phone numbers for hotels and campgrounds must be left with the office of the University Police.
 - A. a syllabus for trips offered for academic credit
 - B. a statement of purpose and an itinerary
 - C. phone numbers for hotels and campgrounds. In some cases the only available phone number would be for a contact person. Students and the chair/supervisor must be notified if no phone number is available. It is strongly recommended that when no phone is available the faculty/staff arrange to carry a cell phone.
2. No later than three days prior to leaving on an overnight trip, the faculty/staff must provide the chair/supervisor with the following:
 - A. a field trip release form filled out by the student (see attachment)
 - B. descriptions and license plate numbers of trip vehicles.
3. No later than three days prior to leaving on an overnight trip the students and faculty/staff must complete the Medical Information Forms (see attachment). The faculty/staff is responsible for collecting all completed Medical Information Forms and taking them on the trip in case of a medical emergency. The trips participants may submit the Medical Information Forms in a sealed envelope with their name listed on the envelope.
4. It is extremely important that the information provided on the Medical Information Forms be treated with the utmost confidentiality, and thus should be seen only by the faculty/staff. However, it is possible that a medical emergency could arise in which the faculty/staff is incapacitated or unavailable. As a result, another trip participant must be aware of the location of the Medical Information Forms. No later than one week after the trip is over, the medical forms must be returned to each trip participant. If this is not possible, or if the participant does not wish to receive the form, then the faculty/staff must immediately destroy the forms.

Overnight Field Trip Guidelines cont.

5. Students must have input on food selection and arrangements for the trip.
6. Students must be notified that inappropriate behavior will not be tolerated on the trip. Inappropriate behavior will be dealt with following university policies and procedures. Legal guidelines must be followed in all circumstances including but not limited to:
 - A. Speed limit and other traffic laws according to varying state and local laws.
 - B. Legal drinking age according to various state laws as well as University regulations regarding alcohol consumption.
 - C. Firearms, fireworks and illegal substances may not be brought on the trip.

Every field trip must be regarded as a professional activity conducted off campus and professional / appropriate behavior is expected from all who participate in the trip.

7. If a student on a trip is unable to participate in a trip activity, the faculty/staff must make alternative arrangements for the student.
8. The field trip is not over until everyone is back on campus or back to the point of origin. Exceptions can be made if students (who are over 18 and thus legally adults) formally sign themselves out of the trip with the permission of the faculty/staff.
9. Should emergency situations arise, the faculty/staff must contact the chair/ supervisor immediately regarding the changes in the itinerary and the students must be made aware of the change in plans.
10. All drivers of university vehicles must be approved in advance by the University Motor Pool.
11. Upon completion of the trip, the faculty/staff must submit a post-trip report to the chair/supervisor to report:
 - A. Any incidents of note (accident, injury, illness, discipline, etc)
 - B. An accounting of student fees collected/expended and whether any refunds or additional charges are being made.

Medical Information Form – Page 1 of 3

The information provided on these forms will be held in the strictest confidence and will not be seen by any person or agency (excluding the faculty/staff) except in the event of a medical emergency. The forms must be completed by all UW-Platteville students and/or faculty/staff participating in a university sponsored overnight field trip. No later than one week after the trip is over, the Medical Information Forms must be returned to each trip participant. If this is not possible or if the participant does not wish to receive the form, then the faculty/staff must immediately destroy the form.

Today's

Date: _____

Name of Trip Participant: _____

Gender: Male Female Date of

Birth: _____

Name of personal physician: _____

Address of personal physician: _____

Phone # of personal physician: _____

In case of emergency, contact: . _____

Relationship of contact person: _____

Address of contact person: _____

Phone # of contact person: _____

Health Insurance company: _____

Health Insurance Group Number: _____

Subscriber Number: _____

Health Insurance Company Address: _____

Health Insurance Company Phone #: _____

Medical Information Form – Page 2 of 3

1. Do you have any medical condition that you have received professional medical attention for in the past year? If so, please describe.

2. Has a physician ever denied or restricted your participation in physical activity for any medical reason? If so, please describe.

3. Please list all prescription medications you are taking. Please include the dosage if you know it.

4. Please list all over-the-counter medications that you regularly take. Please include the dosage if you know it.

5. Are you allergic to any medications? If yes, please list the medications and what allergic response you experience after taking the medication.

6. Have you ever had a seizure?

7. Have you ever blacked out? If so, what were the circumstances?

8. Do you have asthma? If so, how serious are attacks that are triggered by exercise?

9. List all allergies that you have.

10. If you are allergic to bee/insect stings, may a bee sting kit be used in case of anaphylactic shock?

Yes

No

11. Do you have any special dietary requirements?

12. Are you susceptible to problems associated with excessive heat? If yes, please describe these problems.

13. What was the date of your last tetanus shot?

I, the undersigned, do hereby authorize officials of the University of Wisconsin Platteville to contact directly the persons named on this form, and do authorize these officials to contact the named physician(s) to render such treatment as may be deemed necessary in an emergency for the health of the person whose name is signed below. In the event that physicians or other persons named on this form cannot be contacted, or if distance or circumstances makes it impractical for such persons to render direct medical assistance, the university officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the undersigned. This may include, but is not limited to, taking the undersigned to a hospital for treatment or making arrangements for the undersigned to leave the trip for the purpose of returning to their primary physician(s) for treatment. In all such cases the undersigned or their parents/guardians/insurance company are financially responsible for all medical treatment and transportation made in order to receive medical treatment. This form will be kept confidential from all persons at all times except the trip leader who will hold this form. I understand that this form will be shared with appropriate medical personnel in case of any medical situation which requires medical treatment.

Signature of Trip Participant: _____

Date _____

Signature of Parent or Guardian: _____

(only necessary if trip participant is under 18 yrs. of age)

Date _____

UNIVERSITY OF WISCONSIN - PLATTEVILLE

Overnight Trip Release Form

I, _____,
(Signature of Trip Participant)

participant in the University of Wisconsin Platteville, do voluntarily and without reservation and on behalf of myself, my heirs and my estate, waive any and all claims of whatever nature for any injury, loss, damage, accident, delay, irregularity, or expense arising from the use of any vehicle or services, strikes, war, weather, sickness, quarantine, government, restriction or regulations or from any act of omission of any steamship, airline, railroad, bus transportation, sight seeing, hotel or any other service or transportation connection therewith, and the University of Wisconsin Platteville chaperones, the officers of the program, their heirs or their estates. I grant any of the officers or agents full authority to take whatever action they feel is warranted under the circumstances regarding my health and safety. This authority will permit the University of Wisconsin Platteville, its officers or agents, at their discretion to place me, at my own expense, in a hospital at any point for medical services and treatment or if no hospital is available to place me in the hands of a local doctor for treatment. The University of Wisconsin Platteville, its officers or agents are further authorized to fly me back to Platteville, Wisconsin or other appropriate location at my own (or parent's or guardian's) expense for medical treatment if this is deemed by the instructor/staff in consultation with the local medical authorities to be necessary.

If accepted, I as a student promise to support and uphold the standards set forth by the University of Wisconsin Platteville. I will further strive to be friendly to all members of the group, accept the will of the majority whenever a matter of choice presents itself, and accept the suggestions and recommendations of the leaders, instructors, or faculty in all matters relating to the program or my personal conduct.

It is agreed that this is a supervised program, and that the group standards must be observed. The University of Wisconsin Platteville or its officers reserve the right to terminate the participant's membership for failure to maintain these standards, or if it deems her or his act of conduct detrimental to or incompatible with the interest, harmony, comfort, or welfare of the program as a whole. If the participant's membership is terminated, only the funds not actually used can potentially be refunded. However, the University of Wisconsin Platteville or its officers reserve the right to refund no money at all if in the judgment of the officers the money is needed to successfully complete the program. If a participant's membership is terminated, the former participant will be sent home at her or his expense.

I agree that the University of Wisconsin Platteville or its officers reserve the right to make cancellations, changes, or substitutions in emergencies or changed conditions or in the interest of the group, to alter the cost in order to meet unexpected changes in tuition, lodging rates, or any other costs associated with the trip. The announced fee is based on current tariffs which are subject to change.

If performances of the conditions and agreements as stated must be altered because of war, strike, weather, government restrictions or regulations, act of God, or any other like reason, the University of Wisconsin Platteville shall have the right to make such alterations or cancellations of part or all of the program and refund can be made only of those funds not actually used or committed, the amount of said refund in each individual case is to be determined by the chair/supervisor.

Signature of Student:

Date:

Signature of Instructor/Staff:

Date:

Signature of Parent or Guardian:
(if participant is under 18 yrs.)

Date:

In case of emergency, contact:

Relationship of contact person:

Address of contact person:

Phone # of contact person:

