

GREENFIELD MIDDLE SCHOOL FIELD STUDY POLICY (GUIDELINES)

I. **Statement:** Field Studies are a vital part of the academic program of any middle school. When field studies are an integral part of a unit of study, they have unlimited positive impact on students and staff. The primary purpose for a field study must be educational. The field study should connect with curriculum being studied. However, exceptional educational and cultural opportunities not directly related to specific curriculum should be taken advantage of when they appear. Additionally, activities that are celebratory in nature may be approved at the conclusion of a school year.

II. Field Study Guidelines:

- A. All field studies must be approved in advance by school administration at least three weeks before the field study, sooner if requesting P.T.O. financial support.
- B. Usually, transportation should be provided by professionals.
- C. Permission slips must include a behavior contract to be signed by parents and students and returned no later than two days prior to the study.
- D. No student should be denied a field study experience because of financial limitations.
- E. Students should be properly prepared for the study with respect to information and skills necessary for continued learning on the study. Field Study related work must be adequately completed.
- F. Chaperones should be chosen thoughtfully. They must have: the necessary skills to protect students and assist them with their activities. Approximate chaperone/student ratio 1:10.
- G. The responsibilities of chaperones must be clearly delineated.
- H. At least one teacher must remain at the school until every student has been picked up at the conclusion of the study.
- I. Behavioral expectations must be clearly expressed to students, especially in regard to safety issues.
- J. Students are to be held accountable for their behavior. All school rules' apply-regardless of the location of the field study.
- K. Any rules that need to be created to fit the unique nature of the study must be cleared through the principal.
- L. Alternative education experiences will be provided for students:
 1. Who are not properly prepared for the study.
 2. who present safety concerns to themselves and others
- M. Self-evaluations, peer evaluations, study evaluations, quizzes, questionnaires, thank you notes, etc., are recommended as follow-up activities.

GREENFIELD MIDDLE SCHOOL
FIELD STUDY PERMISSION FORM AND STUDENT CONTRACT

PLEASE FILL OUT AND RETURN TO SCHOOL NO LATER THAN: _____

If this contract is not returned by this date, your child will not be eligible for this field study.

STUDENT FIELD STUDY CONTRACT

I _____ agree to the following conditions:

(Print your full name)

- Before the field study I will complete all school work necessary to be fully prepared.
- I know it is important to represent GMS positively, even when not in the building.
- I will obey all school rules, behaving appropriately, while I am on my field study.
- I will remain with my chaperone and in the designated areas at all times.
- I will follow directions while on the field study and complete all assigned activities.
- I know that I risk being assigned consequences should I break any of these rules and I also understand I could lose privileges for future field studies.

(Signature of student)

(Date)

PERMISSION OF PARENT FOR A FIELD TRIP

(Student's name) _____ has my permission to go to _____

for the purpose of _____ on _____.

Departure time is _____.

I will also arrange for my child to be met upon (his/her) return from the trip, providing it is after school ours.

Parent/Guardian Signature: _____

Phone number where you can be contacted during that day: _____

Date: _____

IMPORTANT: Students participating in school projects **MUST USE** school furnished transportation when leaving the school and **MUST RETURN** to the school in same school-provided transportation. Exception to this may be made only by personal arrangement of teacher and parent. Students will **NEVER** be permitted to return home in any transportation other than parent-driven cars.

EMERGENCY POWER OF ATTORNEY: In the event of an accident or sudden or unexpected illness of my child, if I cannot be contacted, I authorize the school staff to call the physician named below and to follow his/her instructions. Should the named physician not be available, I further authorize, in my place and in my stead, the school to seek the services of any qualified physician and to transport my child the physician's office or hospital for treatment including x-rays, laboratory tests or whatever medical or surgical procedures are necessary on an emergency basis. I hereby authorize such physician to render such medical and surgical treatment and agree to pay the customary fees or charges for such treatment.

Signature of Parent/Guardian: _____

PLEASE COMPLETE THE FOLLOWING:

Allergies _____

Previous injuries or surgeries: _____

Medication(s): Insurance Co: _____

Local Physician's Name _____ Phone: _____

Physician's Address _____

Local Dentist Phone: _____

Please add any medical conditions we should be aware of: _____