UNIVERSITY OF CONNECTICUT
UNDERGRADUATE EDUCATION
FIELD TRIP POLICY

Field Trips are an important component of the experiential learning advocated in the University’s academic plan for undergraduate education. In order to promote the success and safety of all involved in field trips, the University of Connecticut has established this Field Trip Policy.

I. PURPOSE
A. To establish a policy and related procedures for field trips that involve faculty members, support staff, students, and/or other persons.

II. REFERENCES
A. Student Code of the University of Connecticut
B. University Policies and Collective Bargaining Agreements

III. DEFINITIONS
A. “Field Trip” means an educational off-campus excursion that is part of a credit-bearing academic course and is indicated on the course syllabus. (Catalogue copy must include the mention of field trips and any fees for field trips must be approved by the Academic Materials Fee Committee.) Field trips do not include internships, study abroad, service learning assignments for individual students, on-campus excursions or trips by co-curricular groups (the Chess Club, the Chemistry Club, etc.).
B. “Field Trip Participants” means University of Connecticut faculty, staff, and students connected with the course. Other University of Connecticut faculty, staff, and students may participate with permission of the field trip coordinator, but they do so at their own risk and they must follow the designated guidelines.
C. “Students” means part-time or full-time students enrolled at the University of Connecticut.
D. “Trip Director” means the faculty member or other University employee designated to be in charge of a field trip.

IV. GUIDELINES
A. Field trips are University sponsored events and, as such, all relevant University policies, and state and federal laws apply to trip participants.

B. Field trips begin and end on campus. Students who join or leave the field trip at any other point do so at their own risk and indicate awareness of this in writing on the liability waiver form. Regional campus field trips may begin and end in designated commuter areas.

C. Field trips are either voluntary or mandatory. Voluntary field trips follow the same guidelines as those that are mandatory for the course.

D. The Trip Director has the responsibility to enforce compliance with University policies and the Student Code by all persons participating in the field trip as would be expected in the traditional classroom setting.

E. Students with disabilities must always be permitted to participate in field trips, and trips should be arranged in ways that reasonably accommodate them. Full consideration should be given by investigating the accessibility of the destination as well as transportation resources. Physical requirements should be clearly delineated and students should be afforded the opportunity to
complete an alternate activity in the event that participation is not feasible. Faculty members are encouraged to consult with students regarding accessibility concerns and may contact the Center for Students with Disabilities for assistance as well.

F. All participants are individually responsible for their personal conduct while on the field trip. The University has no obligation to protect them from the legal consequences of violations of law for which they may be responsible.

G. No alcoholic beverages or controlled substances shall be transported or consumed in any vehicle (private, rented, or leased) at ANY TIME or used or consumed during the course of the field trip.

H. No narcotics, illegal drugs, or other controlled substances may be in the possession of, or used by, any person engaged in the field trip.

I. Students participating in the field trip must sign a "Statement of Understanding," to be kept on file in the office of the responsible department head or director before the field trip commences.

J. Trip Directors must review the Field Trip Checklist while planning, preparing for, and executing a Field Trip.

V. SANCTIONS

A. Violations of this Field Trip Policy may be the basis of appropriate sanctions, including the initiation of formal charges under applicable provisions of the Student Code or the relevant collective bargaining agreements and University policies.

B. While actually engaged in a field trip, the Trip Director may enforce the provisions of this Field Trip Policy by withdrawal or limitation of privileges, or, in the event of repeated violations, by excluding the offending person from further participation and arranging to return the offender to the campus or to convey him/her to the nearest point of public transportation for return to the campus. The cost of such return transportation is a proper charge against University funds, but the University reserves the right to obtain reimbursement from the offender.

VI. VEHICLE USE

A. The University does not maintain a fleet of vehicles. If a vehicle is needed for a field trip, the department can rent or lease from a University-contracted rental agency. Drivers of rental vehicles must be at least 21 years of age. Insurance and damage waivers are required when renting a vehicle from a third party.

B. There may be occasions when you will drive your own vehicle for a field trip with the approval of the Trip Director. In that scenario, your own automobile insurance policy serves as the "primary" policy for third-party liability and physical damage to your vehicle. If a claim arising out of an accident exceeds your personal liability limits, then the University’s policy may cover the accident in excess of your policy. You are responsible for any deductible amounts under your policy.
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## CHECKLIST

All Trip Directors are required to complete this checklist prior to the Field Trip.

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<th>Item</th>
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<td>Obtain departmental approval where appropriate.</td>
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<td>Select the area where the trip is to be held. If possible, the Trip Director should visit the general area prior to the field study course or demonstrate sufficient knowledge of the area.</td>
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<td>Create a participant list naming the Trip Director and all the other participants. One copy of this list should be kept with the Trip Director and one copy should be left with the department.</td>
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<tr>
<td>Prepare a detailed day-to-day instructional agenda including health and safety instructions for all participants. One copy of this list should be kept with the Trip Director and one copy should be left with the department.</td>
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<td>Obtain signed copies of the Medical Information Form, which will be kept confidential by the Trip Director. Review forms prior to departure so that you are aware of any health conditions. One copy of the form should be kept with the Trip Director and one copy should be left with the department.</td>
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<tr>
<td>Make a list of Emergency Contacts, including department phone number, Trip Director phone number and other pertinent phone numbers. One copy of this list should be kept with the Trip Director, one copy should be left with the department, and one copy should be kept with a Designated Student or Staff participant.</td>
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<td>Identify any special requirements for participation on the trip -- special skills, fitness, certification -- as well as any hazards or dangers on the trip or at the site that might affect the health and safety of the participants.</td>
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<td>Plan for and accommodate for students with special needs.</td>
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<td>Identify the risks inherent in this specific trip and list them on the Statement of Understanding. Advise participants in writing of any hazardous, extraordinary, or strenuous activity anticipated during the field trip and of requirements for personal protective equipment [hard hat, safety glasses, long sleeves/pants, boots, etc] and/or advised personal supplies [sun block, sun glasses, hat, insect repellant, water, food, etc]. Provide training for any equipment to be used on the trip.</td>
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<tr>
<td>Obtained signed copies of Statement of Understanding. Ensure that all students who are attending have submitted a copy. These forms should be retained in the department files.</td>
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<td>Determine transportation needs.</td>
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<td>Review permissible conduct rules as outlined in the referenced agreements (Section II, References). Communicate codes of conduct for staff and students, addressing such issues as fraternization, consumption of alcohol, and conduct during &quot;free time.&quot; Advise participants of the consequences of noncompliance and take appropriate action when aware that participants are in violation.</td>
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<tr>
<td>If an injury occurs on a field trip, the Trip Director will complete and submit the appropriate University injury report form(s). (Student Injury Form attached). (Employee injury form available from the University Human Resources office).</td>
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<td>A first aid kit should be available.</td>
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STATEMENT OF UNDERSTANDING
(to be signed by students participating in a Field Trip)

The undersigned hereby acknowledge(s) and agree(s) that:

A. _______________________________ (herein referred to as "Participant") expects and intends to participate in the following activity sponsored by the University of Connecticut following the execution of this Statement of Understanding:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B. In consideration of the University's sponsorship and direction of such field trip(s), participant hereby states that he/she has read and understands the terms and conditions of the University of Connecticut Field Trip Policy and specifically agrees to be bound thereby.

C. Participant further agrees and understands that during each such field trip he/she will be under the direction and control of the trip director approved by the University of Connecticut, and specifically agrees to comply with all reasonable directions and instructions by the trip director during the course thereof.

D. Participant understands and acknowledges that there are specific risks of injury to person and/or property that are associated with field trips, including risks related to travel hazards, terrain, weather, eating and sleeping arrangements, and other circumstances. Risks specific to this trip may include:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Participant specifically agrees to and voluntarily assumes the risk of such injuries, and hereby certifies and represents that participant will arrange for appropriate personal accident/health insurance coverage, such as student health insurance, during the period of each such field trip.

E. Participant understands and acknowledges that the University of Connecticut assumes no liability for personal injuries or property damages to participants or to third persons arising out of field trips, except to the extent that such liability is imposed by law. Participant agrees to indemnify and to save the University harmless from any liability arising out of the acts or omissions of participant during any such field trip, subject to any limitations or restrictions against such indemnification that are imposed by law.

F. Any action arising out of the Field Trip and/or this Statement of Understanding will be governed by Connecticut law. This agreement signed by both parties constitutes a final written expression of all the terms of this agreement and is a complete and exclusive statement of the terms and any and all representations, promises, warranties or statements that differ in any way from the terms of the written agreement shall be given no force or effect. In the event a court having jurisdiction finds any portion of this agreement unenforceable, that portion shall not be effective and the remainder of the agreement shall remain effective.

Date: ___________________________ 20__. Signed: ___________________________

[If participant is under the age of 18, the signature of at least one parent, or of a legal guardian, must be supplied.]

Date: ___________________________ 20__. Signed: ___________________________
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MEDICAL INFORMATION FORM

Information on from this form will be used only for medical purposes in the case of an emergency on this trip only.

Name of Traveler: ________________________________________

Emergency Contacts

Primary Contact
Name:__________________________________ Relationship to you:__________________________________
Day Phone:___________________________  Evening Phone:__________________________  Cell: _______________________
Home Address:_________________________________________________________________________

Secondary Contact
Name:__________________________________ Relationship to you:__________________________________
Day Phone:___________________________  Evening Phone:__________________________  Cell: _______________________
Home Address:_________________________________________________________________________

Medical Insurance Information

Insureance Company:_____________________________________________________________________
Primary Care Physician:____________________  Doctor’s Phone:__________________________

Allergies

Allergies to medications: ________________________________________________________________
Are any life-threatening: □yes □no □don’t know
Do you wear an allergy ID band? □yes □no

Food allergies: ________________________________________________________________
Are you allergic to bee/insect stings: □yes □no □don’t know
If yes, do you carry an epi-pen? □yes □no

Other allergies:_____________________________________________________________________

Medical Conditions

Do you have any medical condition that requires special precautions or treatment? □yes □no

If yes, please list (for example, diabetes, epilepsy, high blood pressure, heart disease, pulmonary disease such as emphysema or bronchitis, asthma, cancer, medication-dependent depression or anxiety):
____________________________________________________________________________________
____________________________________________________________________________________

Medications and dosage for above conditions:____________________________________________________________________________________
____________________________________________________________________________________

I certify that the above information is correct to my knowledge.

SIGNATURE________________________________ DATE ___________________
STUDENT REPORT FORM FOR ACCIDENT, INJURY OR ILLNESS

Name of Field Trip:______________________ Name of Field Trip Director:__________________

Student’s Name: ________________________________ Date: ________________

PeopleSoft #:__________________________ Campus or Cell Phone #:__________________________

Describe what happened (including symptoms):

Was student taken to hospital/clinic/UConn Student Health Services? YES NO If YES, Where:

Describe what (if any) treatment(s) given (by health provider or Field Trip Director):

Describe location (city, state, building, other) where injury/illness occurred:

Relevant medical history, allergies & medications:

The University of Connecticut recommends that all students who become ill or injured during a field trip visit UConn Student Health Services or their personal physician for follow up evaluation and/or care.

I acknowledge that I have been advised to follow up with UConn Student Health Services or my personal physician.

Student’s signature __________________________________________

Trip Director Signature:__________________________________ Date:______________