Protocol for Walking Field Trips on “adjacent properties” for MSMS/MSHS

SY \_\_2023-2024\_\_\_

Context:

MSSD Administration recognizes The Flying Pig Farm, Intemann Trail, Manitou Art Center, downtown, local fields & parks, another MSSD school, etc. as “adjacent properties” and thus do not require completion of the full field trip notification process.

These “walking field trips” are staff-led and do not include access to Health Team staff. These trips are considered adjacent property learning experiences, therefore will follow this adjusted field trip protocol rather than the “regular”, more distant learning field trips.

Organizing, attending, staff will use their cell phone to access local emergency services in the event of a medical emergency.

Role & Responsibility of MSSD Staff:

* Organizing staff member (teacher, coach, counselor, etc) will review list of participating students to be aware of students who have medical alerts. Staff will seek additional guidance from school nurse if training support is needed.
* Organizing staff member will ask attending students to notify them of any medical conditions that may be impacted by the walking trip. Students will be asked to bring any self-carry meds that they may need (i.e. inhalers, epi pens, rescue meds).
* Organizing staff can request First Aid backpacks from the Health Office if they would like to bring on trip. Organizing staff member will pick up & return backpack to health office.
* Organizing staff will monitor participating students for any medical occurrence.
* Organizing staff will call 911 if a medical emergency occurs.

MSSD Organizing/Attending Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date, Time Frame, Location of Field Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_