MEMORANDUM ORDER NO. 183
Series of 2012

TO: All Deans, College Secretaries and Faculty Members

SUBJECT: Request for Class Field Trip

All requests for permission to conduct field trips should take into consideration the following factors:

1. **Course Requirement.** The field trip should be part of the approved proposal when the course was instituted.
2. **Necessity.** The visit is essential and would enhance and support the students' learning process.
3. **Place(s) to visit.** The faculty member should exhaust all possible places to visit taking into account the means of transportation in reaching the area. As much as possible choice of site should not involve airplane ride or crossing oceans/big bodies of water. Moreover, students' expenses for the trip should be rationalized (e.g. visit old houses and churches around Laguna instead of Ilocos).
4. **Other options.** The faculty member should provide alternative class requirement for students who cannot join the planned trip.

The above aspects were taken into account in light of recent and past experiences involving class field trips.

The revised guidelines on holding of class field trips inclusive of appropriate forms to be used are in Attachment A. For uniformity, all Colleges are hereby instructed to adopt the attached template. The forms can be downloaded from the OVCI website: ovci@uplb.edu.ph.

This memorandum shall supersede all other issuances related to field trips.

Rex Victor O. Cruz
Chancellor

Attachments: a/s

[URL 1](http://www.uplb.edu.ph/)
[URL 2](http://www.uplb.edu.ph/)

Tel. No. (63-49) 536-2567  Fax No. (63-49) 536-3673
(63-49) 536-2894
UNIVERSITY OF THE PHILIPPINES LOS BÁÑOS
College, Laguna

GUIDELINES FOR HOLDING OF CLASS FIELD TRIPS

Field trips are additional class activities conducted outside of UPLB to enhance the students' learning process in a course. This usually provides the students with the actual application of theories taken up inside the classroom. To rationalize the conduct of field trips for specific courses, the following should be observed:

1. The field trip should be announced as part of the class requirement not later than three weeks after the start of classes. This shall give time for the students to make the necessary arrangements, especially with their class schedules, getting the consent of their parents/guardian (UPLB Field Trip Form B) and finances.

2. It should not push through until the request for such has been approved by the appropriate authority, at least four (4) weeks prior to the scheduled trip.

3. The trip should not go beyond the last day of holding activities (please refer to the current academic calendar).

4. Alternative class requirements should be provided for students who cannot join the planned trip.

5. Overnight field trips are discouraged.

6. The following requirements should be submitted to the office of the concerned College Secretary by the requesting party:

   a. For uniformity, the colleges are hereby instructed to adopt the attached template, UPLB Field Trip Form No. 1, Revised October 2012. The justification should provide information that the class activity is central to the course.

   b. Waiver specifying that UPLB will not be held responsible for any untoward incident that may happen during the trip (UPLB Field Trip Form A).

   c. Individual waiver form with consent of parent or guardian, duly signed with contact numbers and address, including email address (UPLB Field Trip Form B). The faculty member concerned should be responsible for checking the authenticity of the parent's signature on the form.

   d. Clear copies of the Insurance Coverage of those joining the trip.

   e. A financial report should be submitted by the faculty member at least one week after the conduct of the trip (UPLB Field Trip Form C).
REQUEST FOR FIELD TRIP / FIELD WORK

1. Course No. and Title: ____________________________
   Class Section(s): ________________________________

2. Date(s) of Trip: ________________________________

3. Insurance Policy No(s): __________________________

4. Number of Students: ____________________________

5. Estimated cost per student:
   - Insurance
   - Transportation
   - Food
   - Others (specify)
   - TOTAL

6. Justification and Objective(s) of the Trip (use and fill out UPLB Field Trip Form 1A).

7. Itinerary

<table>
<thead>
<tr>
<th>Places to be Visited</th>
<th>Address</th>
<th>Contact Person &amp; Phone No.</th>
<th>Expected Date &amp; Time of Visit</th>
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<tr>
<td>Alternative class activity/requirement:</td>
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8. Faculty members/support staff joining the trip, aside from the faculty-in-charge

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<tr>
<th>Name of Faculty Member/Support staff</th>
<th>Role in joining the trip</th>
<th>Signature</th>
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9. Alternative class requirement for students who cannot join the planned field trip (use and fill out UPLB Field Trip Form 1A).

10. Description of safety precautionary measures to be adopted (use and fill out UPLB Field Trip Form 1A).

REQUESTED BY: ____________________________________________

RECOMMENDING APPROVAL: ____________________________________

Printed Name and Signature of Faculty-in-Charge

Department Chair/Institute Director/Cluster Director

ACTION:

[ ] APPROVED
[ ] DISAPPROVED

Comments: ________________________________________________

BY AUTHORITY OF THE DEAN:

________________________________________

College Secretary

Attachments: UPLB Field Trip Form 1A (Request for Field Trip/Field Work)
UPLB Field Trip Form 2 (Waiver of Students)
UPLB Field Trip Form 3 (Waiver of Parents/Guardian)
Copy of Insurance Coverage

cc: Faculty-in-Charge
    College Secretary
    Department/Institute/Cluster
REQUEST FOR FIELD TRIP / FIELD WORK

1. Course No. and Title: _____________________________ Class Section(s): ________________
2. Date(s) of Trip: _______________________________
3. Total number of students in lecture class/recitation/laboratory on sections where the trip is required: ________________
4. Total number of students with appropriate waiver and insurance coverage: ________________
5. Justification of the trip (in not more than 60 words):

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

6. Objectives of the trip: (This activity aims to:)
   a. __________________________________________________________
   b. __________________________________________________________
   c. __________________________________________________________

7. Alternative class activity/requirement for students who cannot join the proposed field trip:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

8. Justification for No. 7 above:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

9. Description of safety precautionary measures to be adopted during and after the conduct of the trip:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

REQUESTED BY: ___________________________ RECOMMENDING APPROVAL: ___________________________

Printed Name and Signature of Faculty-in-Charge

Department Chair/Institute Director/Cluster Director
UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

(College)

(Department)

CERTIFICATION OF WAIVER FROM STUDENTS\(^1\)

To whom it may concern:

This is to certify that we, the undersigned students in \(\text{Course Number & Class Section}\) are voluntarily joining the field trip to \(\text{Place}\) on \(\text{Date(s)}\) specified in UPLB Field Trip Form 1, Request No. \(\text{No.}\).

We will abide by the rules and regulations that will be imposed by the Faculty-in-Charge for our welfare and safety. Further, we will not hold the University liable for any untoward incident that may happen during and immediately after the conduct of the trip.

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<tr>
<th>Printed Name of Student (block letters)</th>
<th>Age</th>
<th>Insurance/Policy Number</th>
<th>Contact Number</th>
<th>Signature</th>
<th>With VALID Field Trip Form 3(^2)</th>
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(Use additional sheets, if necessary)

\(^1\) This document is a counterpart and will complete the waiver (UPLB Field Trip Form 3) duly accomplished by the respective parent/guardian of the participating student at the start of the semester.

\(^2\) Only students with a duly accomplished UPLB Field Trip Form 3 are allowed to participate in the field trip.
CERTIFICATION OF WAIVER FROM PARENT/GUARDIAN

To whom it may concern:

This is to certify that I am allowing my son/daughter/ward, ___________________________ to join the field trip(s) / educational tour (s) of his/her classes stated below and scheduled on the following dates:

<table>
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<tr>
<th>SCHEDULE &amp; LOCATION OF TRIP(S)</th>
<th>COURSE NUMBER/ TITLE/SECTION</th>
<th>FACULTY SIGNATURE/ CONTACT INFO</th>
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I will strongly advise my son/daughter/ward to abide by the rules and regulations that will be imposed by the faculty-in-charge for the welfare and safety of the group.

In case any untoward incident happens to my/our child/son/daughter/ward during and immediately after the trip, I assume full responsibility and accountability and therefore hereby release and discharge, and by these present, our heirs, successors and assigns, release and forever discharge the University of the Philippines Los Baños, its officers, contingent against the University and its officers, successors and assigns.

I hereby declare that I have read and understood the content of this document prior to signing thereof and that this waiver and quitclaim is made freely and voluntary and with full knowledge of our rights and responsibilities.

________________________________________
Signature

________________________________________
Printed Name of Parent/Guardian (block letters)

Please provide the following information:
Contact Number:
Email Address:
Home/Mailing Address:

1Accomplished by the parent/guardian.

NOTARY PUBLIC

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Page No.: _________
Book No.: __________
Series of 2015.