



SDSM&T Student Activities and Leadership Center

Travel Agreement – Student Travel

Name		Date of Trip	
Org/Dept Sponsoring the Trip			
Purpose of Trip (conference, event, etc.)			
Destination of Trip			

By signing this contract, I hereby agree to fulfill the terms listed below as related to the travel identified above:

1. I understand that as a delegate of the South Dakota School of Mines and Technology I will travel with and remain with the delegation, unless prior arrangements have been made with my advisor or trip leader.
2. I will attend all pre-conference, conference and post-conference delegations meetings.
3. I will fully participate in all aspects of the conference or event.
4. I realize that I am a representative of the South Dakota School of Mines and Technology, and that I have been selected by the sponsoring organization/department to represent it and its interests. As such a representative, I understand that any action I take at the conference will negatively to positively affect opinions of other about the organization/department and SDSM&T.
5. As a delegate to the conference/event, I will engage in behaviors that are responsible and mature. Intoxication, use of illegal substances, abusive or inappropriate behavior may result in dismissal from the trip. If I am asked to leave, I understand that I must reimburse the sponsor for any expenses that they may have incurred for my participation in the trip.
6. I understand that as a school-sponsored trip, the Student Code of Conduct remains in effect for the duration of this trip.
7. I agree to share my experiences and the information I learned with other members of the sponsoring organization/department upon my return.

Delegate Signature Date

Health Statement Form – Student Travel

Health/Emergency Contact Information

Name		Date of Birth	
Address			
City		State	
Zip		Phone	
Email		SSN	
Student ID #		Policy Number	

Emergency Contact Information

Contact #1		Relationship	
Daytime Phone #		Evening Phone #	
Contact #2		Relationship	
Daytime Phone #		Evening Phone #	
Doctor's Name		Location	
Phone #		Policy Number	
Health Ins. Comp.			

Current Medications _____

Allergies (medications, etc.) _____

Special Conditions (diabetes, hypoglycemia, epilepsy, etc.) _____

Recent illnesses, injuries, operations _____

Other physical problems or chronic conditions (eyesight, back, knees, etc.) _____

Date of last tetanus shot _____

By my signature, I allow SDSM&T to release the above information to appropriate medical professionals in the case of emergency and hereby release SDSM&T from any liability for the release of such information to appropriate medical professionals.

Delegate Signature Date

SOUTH DAKOTA



SCHOOL OF MINES
& TECHNOLOGY

SDSM&T Student Activities and Leadership Center

Trip Contact Information - Student Travel

Date of Trip:			
Org/Dept Sponsoring the Trip:			
Purpose of Trip (conference, event, etc.):			
Destination of Trip:			
Departure Time/Arrival Time 1:			
Departure Time/Arrival Time 2:			
General Itinerary:			
Emergency Contact Traveler 1:		Emergency Contact Traveler Phone # 1:	
Emergency Contact Traveler 2:		Emergency Contact Traveler Phone # 2:	
Emergency Contact Traveler 3:		Emergency Contact Traveler Phone # 3:	
Administrator 1:		Administrator Home Phone/Work #1:	
Administrator 2:		Administrator Home Phone/Work #2:	
Administrator 3:		Administrator Home Phone/Work #3:	

Please provide a copy of this list to the Student Activities and Leadership Center Coordinator and one copy must be taken on the trip.



SDSM&T Student Activities and Leadership Center

Before Trip Check List - Student Travel

Trip _____ Date _____

Semester Before

- Planning Meeting with agenda below (Attendees: Organizer, SALC representative, Business Office representative, Foundation representative (if applicable), Environmental Health & Safety Officer)
 - ✓ Establish the cost/budget and possible sponsors.
 - "Scholarships"/Subsidies
 - Application and requirements
 - ✓ Develop customized forms, if needed.
 - ✓ Establish Outcomes/post trip requirements
 - ✓ Receipts for those that have paid.
- Submit to advisor for approval.
- Make reservations with hotels, car rental companies, outfitter's, vendors, campgrounds, etc.
- Submit necessary travel paperwork, such as permission for out-of-state travel, pre-payment of registration fees, cash advance request, etc. Make a copy for your trip folder.
- Create trip info sheets and take a copy to advisor.

Week Before Trip

- Review itinerary and call participants or other organization members to remind them about pre-trip meeting.
- Fill out trip General Risk Management Plan form.
- Hold pre-trip meeting to gather any needed information from participants (i.e., insurance policy #) and inform, answer, provide details: alcohol and drug policy, itinerary, dietary needs, risk involved, etc. (THERE IS A FORM FOR THIS).
- Inventory first aid kit.
- Confirm reservations with hotels, outfitters, vendors, campgrounds, etc.
- Confirm reservations transportation.
- Fill out an insurance form for the students attending the trip and file with Business Office.

The Day Before the Trip

- Check road, weather, and activity area conditions for trip.
- Pick up vehicle.
- Load van or trailer: equipment, food, first aid kits, maps, alternate routes, red cones, and red flares.
- Prepare an emergency contact list of participants for advisor to hold during trip. Note the date of return and the trip leaders name on it as well.

Day of Trip Before Departure

- Participant role call. Make sure you have everyone's information.
- Put trip folder containing participant information, gas credit card and directions in van.
- Double-check maps, alternate routes and cellular phone, if available.

Post Trip

- Record mileage of van before and after trip.
- Unload & clean out van/trailer.
- Return vehicle/keys and receipts.



Each student organization should develop their own risk management plan. Below is a sample risk management questionnaire that you can adapt to meet your needs.

Directions: Respond to each question that follows in legible and easily understood language.

1. What is the advertised title of the trip your organization is taking?
2. What activity or activities are planned? (i.e., conference, outing, museum)
3. What is the physical exertion level of the activity? (i.e., beginning, intermediate, advanced)
4. What are your dates and times of the trip?
5. What are your objectives and goals of each major activity during the trip? (i.e., hike to the top of Harney Peak, discuss the surrounding environment and how each one of us feels about it, and return safely to the campus before sunset.)
6. What is the overall character of the area you have chosen to go to and are there any special hazards? (i.e., wild animals, forest fires, access to alcohol, etc.)
7. What are weather and climate conditions in the area you have chosen to go to? (i.e., rainy season, dry conditions in forests, excessive heat)
8. What are the routes, hotels, and campsites you will be using and have you considered escape routes, secondary routes, and alternative campsites? (Note: a clearly marked map and a back up are a must.)
9. When using shelters, buildings, or equipment to conduct part of the trip (i.e., a pre-trip meeting) have you considered emergency procedures?
10. What is the mode of transportation? (i.e., State Vehicle, personal vehicles, commercial airlines, other rental vehicles)
11. What are the distances to be traveled, (there should be at least two drivers for every 500 miles to be driven), is the driver competent, and will the vehicle have a safety check?
12. What are the maximum and minimum numbers of participants who will be allowed to go on the trip?
13. What are the skill levels required of the participants? (i.e., do they need prior experiences)
14. What are your current certifications and experience related to the activity? (i.e., CPR/First Aid)
15. What are the types and amount of equipment you will bring on your trip?
16. What are the lists of clothing and equipment required of participants and yourself?
17. What are the dates, times, and agendas of pre-trip meetings?
18. What are your procedures for group control when on the move? (i.e., using a "drop system," one leader in front and one in the back at all times, a "buddy system")
19. What are your procedures for group control at the lodging? (i.e., checking in with each participant about their welfare, playing group games, a "buddy system")
20. What are your predicted starting and ending times of every major activity or event?
21. What are your policies and procedures concerning emergency situations? (i.e., carrying insurance and emergency contact numbers for participants, carrying cell phone)

STUDENT TRIP INSURANCE

DATE: _____

TO: Administrative and Finance Office

FROM: (Department to be billed) _____

Faculty Sponsor: _____

Date(s) of Trip: _____

Destination: _____

Description of Trip: _____

Number of Students on Trip: _____

Number of Days on Trip: _____

Total Number of Days: (# of students x # of days) _____

Account # to Charge: _____

Participating Students	1	11
Please use back of sheet if more	2	12
space is needed	3	13
	4	14
	5	15
	6	16
	7	17
	8	18
	9	19
	10	20

Business Office Use Only

Cost _____ **\$0.00**
 (.20 x total # of days)