

Field Trip Request Form

Staff Member: _____ Class/Club taking trip: _____

Field Trip to: _____

Date of Trip: _____ Departure time: _____ Return time: _____

Educational Purpose: _____

Itinerary: _____

Number of Students: _____ (attach a list of names if available)

Chaperones: _____

Parental notice sent on (date): _____

Transportation requested (check all that applies):

Bus _____ Car _____ Carry-All _____

1. Complete a trip slip if requesting transportation. 2. Provide staff with a list of students participating in the field trip at least one week before the trip. 3. Staff must be authorized to administer oral medication on field trips through the County Nurse. Procedures established for dispensing medications while on field trips must be adhered to. Work with the building secretary to secure necessary medications and forms.

Staff Member Signature: _____ Date: _____

Principal Signature: _____ Date: _____

District Administrator Signature: _____ Date: _____