***Field Trip Preparation Checklist***



***All items must be initialed by the building administrator, administrative assistant, or school nurse.***

1. \_\_\_\_\_ Meeting with building administrator to review proposed trip (5-6 weeks prior to trip.)

**Background Information (Made available to building administrator during review.)**

Field Trip Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overnight Trip: Y – N (“Yes” requires School Board approval.)

Pickup Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick-up Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drop-off Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drop-off Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation Type: District - Charter

Proposed cost to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Aid Station on site: Y – N

**Actions**

2. \_\_\_\_\_ Preliminary notification of transportation (data entry) by building administrative assistant.

3. \_\_\_\_\_ List of participants created (3 weeks prior to trip) with updated contact information.

4. \_\_\_\_\_ \*List of participants sent to nurse for review and potential action (2-3 weeks prior to trip)

\*Requires nurse’s initials.

5. \_\_\_\_\_ Final approval of trip by building administrator (#1- 4 must be completed and initialed.)

6. \_\_\_\_\_ Transportation notified by building administrative assistant.

7. \_\_\_\_\_ Submission of final student roster with contact numbers to building administrator.

**FIELD TRIP REQUEST FORM**

(Submit 3 Weeks Prior to Trip Date)

|  |  |
| --- | --- |
| Trip Name: Click here to enter text | Grade(s) Click here to enter text. |
| School Name: Click here to enter text. | |
| Activity: Click here to enter text. | |

Account Billing/Budget Code: Click here to enter text.

**☐Overnight Trip (Requires Board Action)**

|  |  |
| --- | --- |
| Depart Date: Click here to enter a date. | Time: Click here to enter text. |
| Return Date: Click here to enter a date. | Time: Click here to enter text. |
| Destination: Click here to enter text. | |
| Contact: Click here to enter text. | |
| Notes: Click here to enter text. | |
|  | |

*(Example: lunch stop, special equipment, add’l stops, etc.)*

**Destination Address**

|  |  |  |
| --- | --- | --- |
| Street: Click here to enter text. | | |
| City: Click here to enter text. | State: Click here to enter text. | Zip Click here to enter text. |

**Departure**

|  |
| --- |
| Depart from School (Location): Click here to enter text. |
| Notes/Directions: Click here to enter text. |

**Trip Details** ☐ District Bus ☐ Charter Bus ☐ Other

|  |  |  |
| --- | --- | --- |
| Number of Students: Click here to enter text. | | Number of Adults: Click here to enter text. |
| Number of Wheel Chairs: Click here to enter text. | | Number of Vehicles: Click here to enter text. |
| Estimated Miles: Click here to enter text. | | Add’l Costs (subs, regis, etc.): $ Click here to enter text. |
| Estimated Hours: Click here to enter text. | | Estimated Total cost to District: $ Click here to enter text. |
| Names of Chaperones: Click here to enter text. | | |
| Type of educational activity students will participate in: Click here to enter text. | | |
|  | | |
| Date of Request: Click here to enter a date. | Date: Approved Disapproved | |
| Teacher Signature: | Building Principal Signature: | |

**FIELD TRIP REQUEST FORM**

(Submit 3 Weeks Prior to Trip Date)

1. All ***Field Trip Request Forms*** must be submitted to your Principal’s office at least **THREE** weeks prior to the date of the trip. Overnight trips for students must be Board approved and will require additional time.
2. Use current school-year rates when completing the section “Estimated Cost.” Complete the areas for “Account/Billing/Budget Code.” If this information is not known, seek assistance through your Principal’s office.

|  |  |
| --- | --- |
| **Current Rates** | |
| **Hourly Rate:** | **$ 42.21** |
| **Mileage:** | **$ 1.09 /mile** |
| **Substitute** | **$150.00 per day** |

1. Submit clear and accurate directions to the trip’s destination(s).
2. Obtain Administrative approval for meal stops.
3. Confirm your trip’s approval ONE week prior to the date of the trip. Verify this information through Transfinder and/or your Principal’s office first. If unable to obtain confirmation, contact the office of the Assistant Superintendent for Curriculum and Instruction (Ext. 10131).
4. Submit a list of students attending the trip along with phone numbers, homeroom numbers, and chaperone names to your Principal’s office and Attendance office prior to the trip.
5. Provide the driver with a roster of students and chaperones prior to departure.
6. Complete ALL sections of this form (including S*ignature* and *Date of Request*) in a NEAT and LEGIBLE manner.

**POCONO MOUNTAIN SCHOOL DISTRICT FIELD TRIP FORM**

Student name:

School: Grade:

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

My child has medical needs such as:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child will be needing medicine during this field trip, please remember – NO PRESCRIPTION OR NON-PRESCRIPTION MEDICATION OF ANY KIND can be dispensed or given to your child without a WRITTEN PERMISSION SLIP FROM A PHYSICIAN. Please remember to ask your physician for a completed form. ANY/ALL APPROVED MEDICATIONS brought to on this field trip must: 1). Be in prescription/current package; 2). Be clearly marked with your child’s name, time and amount of dosage, and 3). Include your Physician’s name and name of prescribed medicine. WRITTEN PERMISSION FROM PARENT MUST ALSO BE INCLUDED. Thank you for your cooperation.

I give permission for my child to receive emergency medical treatment. In case of emergency, please contact:

|  |  |  |
| --- | --- | --- |
|  | Name | Phone number |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Parent/Guardian Contact Information**: Phone Number:

Email address: