

Field Trip Preparation Checklist



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

1. Click or tap here to enter text. 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: Click or tap here to enter text.

School: Click or tap here to enter text.

Department: Click or tap here to enter text. Trip Date(s): Click or tap to enter a date.

Proposed Destination: Click or tap here to enter text. Number of Students: Click or tap here to enter text.

Overnight Trip: Choose an item. ("Yes" requires School Board approval.)

Pickup Location: Click or tap here to enter text.

Pick-up Time: Click or tap here to enter text.

Drop-off Location: Click or tap here to enter text.

Drop-off Time: Click or tap here to enter text.

Transportation Type: Choose an item.

Proposed cost to student: Click or tap here to enter text.

First Aid Station on site: Choose an item.

Actions

2. Click or tap here to enter text. Preliminary notification of transportation (data entry) by building administrative assistant.
3. Click or tap here to enter text. List of participants created (3 weeks prior to trip) with updated contact information.
4. Click or tap here to enter text. *List of participants sent to nurse for review and potential action (2-3 weeks prior to trip)

***Requires nurse's initials.**

5. Click or tap here to enter text. Final approval of trip by building administrator (#1- 4 must be completed and initialed.)
6. Click or tap here to enter text. Transportation notified by building administrative assistant.
7. Click or tap here to enter text. 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 or tap here to enter text.	Grade(s) Click or tap here to enter text.
School Name: Click or tap here to enter text.	
Activity: Click or tap here to enter text.	

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

Overnight Trip (Requires Board Action)

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

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

Destination Address

Street: Click or tap here to enter text.		
City: Click or tap here to enter text.	State: Click or tap here to enter text.	Zip Click or tap here to enter text..

Departure

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

Trip Details

District Bus

Charter Bus

Other

Number of Students: Click or tap here to enter text.	Number of Adults: Click or tap here to enter text.
Number of Wheel Chairs: Click or tap here to enter	Number of Vehicles: Click or tap here to enter text.
Estimated Miles: Click or tap here to enter text.	Add'l Costs (subs, regis, etc.): \$ Click or tap here to enter text.
Estimated Hours: Click or tap here to enter text.	Estimated Total cost to District: \$ Click or tap here to enter
Names of Chaperones: Click or tap here to enter text.	
Type of educational activity students will participate in: Click or tap here to enter text.	

Date of Request: Click or tap here to enter text.	Date: Click or tap to enter a date.	<input type="checkbox"/> Approved <input type="checkbox"/> 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:	\$ 43.72
Mileage:	\$ 1.15 /mile
Substitute	\$150.00 per day

3. Submit clear and accurate directions to the trip's destination(s).
4. Obtain Administrative approval for meal stops.
5. 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).
6. 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.
7. Provide the driver with a roster of students and chaperones prior to departure.
8. Complete ALL sections of this form (including *Signature* and *Date of Request*) in a NEAT and LEGIBLE manner.

POCONO MOUNTAIN SCHOOL DISTRICT FIELD TRIP FORM

Student name: Click or tap here to enter text.

School: Click or tap here to enter text. Grade: Click or tap here to enter text.

Teacher: Click or tap here to enter text.

MEDICAL INFORMATION

My child has medical needs such as: Click or tap here to enter text.

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.	Click or tap here to enter text.	Click or tap here to enter text.
2.	Click or tap here to enter text.	Click or tap here to enter text.
3.	Click or tap here to enter text.	Click or tap here to enter text.

Parent/Guardian Signature: _____ Date: Click or tap to enter a date.

Parent/Guardian Contact Information: Phone Number: Click or tap here to enter text.

Email address: Click or tap here to enter text.