



SCHOOL DAY TRIPS FORM

Policy 418 – Appendix C

To be submitted for school day trips one week prior to departure

Class(es) _____

No. of Students _____

Destination _____

Date of Trip _____

Transportation: Bus _____

[Bus request must be submitted]

Private Vehicle _____

[All drivers (staff included) must be approved]

Names of Drivers: _____

Leaving School at: _____

Returning to School at: _____

Trip Outcomes:

Itinerary *(please ensure that any high risk activities have been approved):*

Chaperones *(must have a Volunteer Confidential Disclosure sheet on file):*

Teacher(s) / E.A.(s): _____

Cell # for emergency contact during the trip: _____

Please submit this form with a copy of the information notice sent home to parents ([Parent/Guardian Consent Form](#) must also be completed).

Please be sure to take with you:

1. First Aid kit
2. Any Epi-Pens or medications needed
3. Copies of student emergency information (emergency contact numbers and hospitalization numbers)
4. Cell phone

Approval Granted: _____

Principal or Vice Principal

Date: _____