



**PROPOSED ATHLETIC OVERNIGHT
TRIPS FOR STUDENTS**
 Authorization Request Form for the Extra-Curricular Season
Policy 418 – Appendix D

AUTHORIZATION

All applications must be submitted to the principal **ideally one month in advance of the trip or within an acceptable timeframe**. Completed applications should be retained in the school files for at least two calendar years.

DATE: _____

1. SCHOOL: _____ TELEPHONE: _____

2. NAME OF TEACHER MAKING REQUEST: _____

3. DESTINATION(S)

4. DEPARTURE/RETURN/TIME

	Month	Day	Year	Time (anticipated)
Departure				a.m./p.m.
Return				a.m./p.m.
	Month	Day	Year	Time (anticipated)
Departure				a.m./p.m.
Return				a.m./p.m.
	Month	Day	Year	Time (anticipated)
Departure				a.m./p.m.
Return				a.m./p.m.
	Month	Day	Year	Time (anticipated)
Departure				a.m./p.m.
Return				a.m./p.m.
	Month	Day	Year	Time (anticipated)
Departure				a.m./p.m.
Return				a.m./p.m.

Proposed Athletic Overnight Trips for Students – Authorization

5. NUMBER OF STUDENTS: _____
6. EXTRA-CURRICULAR ACTIVITY AND GRADE: *(circle appropriate numbers)*
- 7 8 9 10 11 12 ACTIVITY _____
7. NUMBER OF STAFF: _____ 8. NUMBER OF ADULT VOLUNTEERS: _____

9. TRANSPORTATION (✓)

- School Bus Public Transit Car Pool
- Charters (✓): Bus Plane Train Boat

10. Parents Notified

11. TYPE OF ACCOMMODATION: _____

12. EMERGENCIES:

- a) Provisions should be made for medical care in the event of accidents or injuries. What procedures have you established for emergency situations? *(First Aid, Transportation, second vehicle, etc.)*

13. CELL NUMBER FOR EMERGENCY CONTACT DURING THE TRIPS:

Date of Application

Signature of Teacher Making Request

Date Approved & Recommended by Principal

Signature of Principal