

Field Trip Checklist

The following information needs to be completed for all field trips. A folder with information marked with an asterisk (*) must be left with the office on the day of the trip.

- _____ 1. Request school permission. A Field Trip Approval Form must be signed by the principal. This application should be approved at least 15 days prior to the trip. (Attachment A)
- _____ 2. Request transportation before the 25th of the month prior to your trip through Mr. Turner.
- _____ 3. Send home a cover letter and parental permission slip for each student. Parents should be asked to list any medical problems or any medications students are taking on the permission slip. (Attachment B)
- _____ 4. Complete a master list of chaperones/teachers. This list is to be provided 5 days prior to field trip. * (Attachment C)
- _____ 5. Complete a list of students not participating in the field trip. Arrangements must be made for another teacher to keep any students not participating in the field trip. Work/activities should be provided for the students left at the school. * (Attachment D)
- _____ 6. Leave the field trip route in the office. * (Attachment E)
- _____ 7. Establish the estimated time of arrival back to school with arrangements made for student pick-up if the arrival time is after school dismissal time.
- _____ 8. Make arrangements for lunch if it is to be provided away from the school.
- _____ 9. Consult with the Lunchroom Manager regarding lunches to be prepared at school at least 10 days prior to the trip.
- _____ 10. A list of student's names/addresses/phone numbers will be provided by the office.*
- _____ 11. The office will provide arm bracelets for each student.
- _____ 12. Submit any needed purchase orders to the office no later than 2 weeks prior to the field trip.
- _____ 13. First Aid Kit – See Nurse 3-4 days in advance.

**REQUEST TO TAKE FIELD TRIP
FIELD TRIP INFORMATION**

Destination/Purpose _____

Date(s): _____ Sponsor: _____

School(s): _____ Grade Level(s): _____

Departure: Date/Time: _____ Return: Date/Time: _____

Number of days/instructional blocks to be missed: Days: _____ Instructional Blocks: _____

Provisions made to enable students to complete assignments early or make up work missed:

Objectives: _____

Number of Students: _____ Cost per student: _____

Means by which student costs will be paid (e.g., fundraiser; student activity funds; booster club funds; individual student/parent responsibility): _____

Chaperones: Check, as appropriate:

Adult: Student Ratio: _____ Male: _____ Female: _____

Sponsoring teacher(s): _____ Parents: _____ Other(Specify) _____

All student participants have provided information regarding health/accident insurance coverage.

Yes: _____ No: _____

Transportation: _____

Principal's Approval: _____ Date: _____

Revised 6/00

ATTACHMENT A

**PARENT/GUARDIAN PERMISSION FOR FIELD TRIP
LEXINGTON COUNTY SCHOOL DISTRICT ONE**

Date(s): _____ Time Leaving: _____ Time Returning: _____

Trip Begins and Ends at (Location): _____

Destination: _____
Facility _____ Street Address _____ City _____ State _____

Itinerary: _____

Objectives/Activities of the Trip: _____

Field Trip Supervisor: _____
Supervisor's Phone Number _____

Mode of Transportation: _____ Lodging: _____

Chaperones: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I, _____, give permission for my child, _____, to participate in the field trip described above. I understand that my child will be under the supervision of the chaperones listed above, that all district/school policies are in effect for the duration of the trip, and that any violations of such policies will result in disciplinary action being taken. While on the trip, the listed chaperones have my permission to act on my behalf in the event of an emergency. I understand that all out-of-pocket expenses associated with emergency medical treatment will be my responsibility. I also understand that my child will be given the opportunity to complete any work missed due to the trip.

Child's Name: _____ School: _____ Grade: _____

Parent/Legal Guardian's Name: _____

Home Address _____

Home Phone #: _____ Work Phone #: _____ Emergency Phone #: _____

Student Allergies, if any: _____ Student's Current Medications: _____

Medical Insurance Co.: _____ Policy #: _____

Signature of Parent/Guardian: _____ Date: _____

ATTACHMENT B

LEXINGTON SCHOOL DISTRICT ONE FIELD TRIP ROSTER

DATE: _____

DESTINATION: _____

RESPONSIBLE TEACHER (S): _____

CHAPERONES:

NAMES:	ADDRESS	TELEPHONE #
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1.	_____	_____
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2.	_____	_____
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3.	_____	_____
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4.	_____	_____
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5.	_____	_____
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6.	_____	_____
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7.	_____	_____
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8.	_____	_____
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9.	_____	_____
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10.	_____	_____
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11.	_____	_____
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12.	_____	_____
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13.	_____	_____
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14.	_____	_____
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STUDENTS NOT PARTICIPATING IN THE FIELD TRIP

DATE: _____

DESTINATION: _____

RESPONSIBLE TEACHER (S): _____

LIST OF STUDENTS NOT PARTICIPATING IN THE FIELD TRIP:

NAME

TEACHER

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

FIELD TRIP DESTINATION INFORMATION

Our class will be taking a field trip to _____ on _____.

We are planning to leave Red Bank Elementary at _____ and return at _____.

Name of Destination: _____

Address: _____

Telephone Number: _____

Contact Person: _____

Route to be taken: _____

Teacher: _____

Date: _____