

FIELD TRIP INFORMATION FORM

Please turn this form into the office a minimum of five (5) school days before your field trip.

Team: _____ Contact person: _____

Date: _____ Departure time: _____ Return time: _____

Place and address: _____

CHECKLIST:

___ Office notified (attach list of students going)

___ Kitchen notified (if applicable)

___ Health office notified

1. How many fanny packs required? _____

2. Name of designated person to distribute medication _____