FIELD TRIP PLANNING GUIDE

PROGRAM:	_
TEACHER(s):	
FIELD TRIP SPECIFICS:	
Date of field trip:	
Destination of trip:	
Round trip mileage:	
Mode of Transportation:	
Attending Staff:	
Attending students if granted parent permission:	
Educational connection/intent:	

II: Please attach:

- Itinerary (please include activities, times, addresses & phone numbers if available). A.
- Copy of permission slip sent home. Rain plan if appropriate. B.
- C.

III:	Check	cklist:			
	Щ	All permission slips sent in advance.			
		Home district principal and/or superintendent has been informed.			
		Arranged and informed attending staff of duties.			
		_Arranged & informed remaining program staff of duties.			
		Requested additional support staff as needed.			
		Please list:			
		If field trip is out of the ordinary supervisor has been informed prior to submission of this plan.			
		Director has been informed if an out of the ordinary trip is planned.			
		Plan ready to be submitted 1 week prior to scheduled field trip day.			
IV.	Emerg	nergency Plan:			
	Contact/cell phone number:				
	A.	What measures have been taken to assure student and staff safety?			
	B.	What plan is in place in case of a medical emergency?			
	C.	What plan is in place if a student's behavior is inappropriate or unmanageable?			
V. D	Director	Approval:			
	Signature				
_	Date Approved				