## FIELD TRIP/EXCURSION INFORMATION FOR PARENT/GUARDIAN/ADULT STUDENT

To be completed by the teacher in charge and kept by the parent/guardian/adult student.

School:

Principal:		School Phone:		
Grade/Class/Course:	Teacher	(s):		
Destination:				
Learning Expectations for	the Trip:			
Departure Date:		Time:		
Return Date:		Time:		
Type of Transportation:		Cost of Excursio	Cost of Excursion:	
Name, Address, and Tele	phone Number of Travel Ag	ency or other Outside Organ	nization: (if applicable)	
Specific Activities of the  This is Identified as a Hig  High Risk Activities are:	Excursion:	Yes No		
Canoeing	Camping	Sailing	Cycling	
Swimming	Rock Climbing	Nordic Skiing	Alpine Skiing	
Snowboarding	Other			
Special Information (e.g.,	clothing, materials, lunch):			
Teacher in Charge:				
Volunteers Needed	Yes No			
If Yes For Superv	vision on the Excursion.			
For Drivin	g.			