



Field Trip Request Form (Minor)

MUST BE SUBMITTED 10 BUSINESS DAYS PRIOR TO FIELD TRIP

Check One:

- One Day, School Day
- One Day, Non-School Day
- Overnight Trip, # of Nights
- Out of State Trip

Destination: _____

Educational Benefit/Purpose of Trip: _____

Program associated with Field Trip: _____

Departure Date & Time: _____ Return Date & Time _____

City _____ State _____

Closest Hospital/Emergency Room: _____

Adult In Charge: _____ Cell Number _____

Additional Adult In Charge: _____ Cell Number _____

List all Chaperones: _____

Only District Vehicles will be allowed to transport Minors on Field Trips, please call Facilities in advance for booking

REQUIRED

_____ Check here for attached list of participants and class handouts for Field Trip.

_____ Check here indicates all medical authorization forms and permission slips have been received. These forms must be kept in associated department for one year after the date of the field trip.

Faculty Member _____ Date _____

Instructional Dean _____ Date _____

Appropriate Area Dean _____ Date _____

Risk Management, Business Services _____ Date _____