

# Claysburg Kimmel School District

## Request for Field Trip Approval



*This form should be submitted to the Central Office two 45 Days prior to date of the trip*

Date Received in Superintendent's Office: \_\_\_\_\_

Date Approved: \_\_\_\_\_

<b>School:</b>		<b>Trip Date:</b>	
<b>Grade(s)/Group/Organization Involved:</b>			
<b>Number of Students:</b>		<b>Number of Adults:</b> <i>(list participants on back of form)</i>	
_____		_____	
<b>Destination:</b>			
<b>Nurse Needed:</b> <b>Yes or No</b>		<b>Signature of Nurse:</b> _____	
		_____ <i>date</i>	
<b>Nurse(s) Available:</b>			
1.		2.	3.
<b>Nurse Scheduled:</b> <b>Yes or No</b>			
_____		<b>Signature of Admin:</b> _____	
<i>Name of Nurse</i>		_____ <i>Date</i>	
<b>Transportation By:</b>			
<b>Requesting Teacher:</b>		<b>Phone #:</b>	
<b>Departure Date:</b>		<b>Departure Time:</b>	
		A.M. / P.M.	
<b>Return Date:</b>		<b>Return Time:</b>	
		A.M. / P.M.	
<b>Description of trip:</b> <i>(Itinerary MUST be attached when submitting this form)</i>			
		Responsibilities of the Teacher(s):	
<b>Signature for Teacher/Supervisor:</b>		1. Complete Field Trip Form and Submit to Building Principal	
_____		2. Obtain parent permission slips for the student prior to the trip.	
<b>Date</b>		3. Submit a request for a substitute in AESOP, if one is needed.	
		4. ALL STUDENTS MUST BE CHAPERONED AT ALL TIMES.	
		Responsibility of Building Principal	
<b>Signature for Principal:</b>		1. Consult with Nurse to determine need and availability	
_____		2. Schedule Building Nurse or Contracting Company and document	
<b>Date</b>			
		Responsibility of Nurse – provide all medical information to covering nurse	
<b>Signature for Superintendent/Designee:</b>			
_____			
<b>Date</b>			

