



FIELD TRIP INFORMATION

This information must be completed and returned to the school clinic as soon as possible, but not later than 3 weeks prior to the date of the field trip.

Date of field trip: _____

Homeroom: _____ Grade: _____

Field Trip location: _____

Coordinating teacher: _____ Cell Phone # _____

Times: Leaving _____ Returning _____

LUNCH PLANS:

_____ Students will be eating at school

_____ at normal time

_____ at an adjusted time of _____

_____ Students will be eating on the field trip

_____ Estimated time lunch is scheduled during the field trip: _____

_____ Food options: _____ students will bring packed lunch from home/school

_____ students will have the option to purchase food from vending/concession area

STUDENT ACTIVITY DURING TRIP:

_____ Students will remain in a large group under the supervision of school staff

_____ Students will have the opportunity to break into smaller chaperoned groups out of the direct supervision of school staff

Names of Chaperones:

Send copies to : Health Clinic