

ASHLAND SCHOOL DISTRICT FIELD TRIP REQUEST FORM

****All out of state field trip requests must be reviewed by the school board in advance****

							DATE SUBMITTED	
TEACHER(S):			ACTIVITY DATE(S):		LOCATION(S):			
DEPARTURE TIME:			RETURN TO SITE:					
BRIEF DESCRIPTION OF FIELD TRIP AND INSTRUCTIONAL RELEVANCE								
<input type="checkbox"/> WALKING <input type="checkbox"/> DISTRICT BUS <input type="checkbox"/> CONTRACTED BUS <input type="checkbox"/> DISTRICT CAR <input type="checkbox"/> PERSONAL CAR								
ACCESS			COST		ACCOUNT			
STUDENT COUNT	STAFF COUNT	ADULT VOLUNTEER COUNT	CPR	FIRST AID	MED ADMIN	EPI PEN	GLUCAGON	
CONSIDERATIONS FOR SPECIAL NEEDS								
ALTERNATIVE ACTIVITY PLAN ON FILE								
STUDENTS NOT PARTICIPATING IN TRIP AND REASON								

FIELD TRIPS OUTSIDE OF CITY LIMITS, REMOTE LOCATIONS AND OVERNIGHTS? No – skip section

JUSTIFICATION FOR USE OF LOCATION AS MOST PROXIMAL OR LOWEST RISK

FIELD TRIPS TO REMOTE AREAS - One or more of the following: No – skip section

<input type="checkbox"/> Poor cell connection <input type="checkbox"/> Greater than 15 min. emergency response <input type="checkbox"/> Four wheel drive <input type="checkbox"/> Non-urban foot access greater than 1 mile <input type="checkbox"/> Wilderness activity greater than single school day			
REMOTE AREAS MEET ONE OR MORE OF THE ABOVE CRITERIS			
LOCAL EMERGENCY AGENCY CONTACT INFO		By	Date
<ul style="list-style-type: none"> ▪ Attach at a minimum the following: ▪ Travel plans and route ▪ Number of Participants (Adults, Students by age) and special needs/considerations ▪ Number of Staff with District approved First-Aid and CPR ▪ Estimated departure and return time 		<ul style="list-style-type: none"> ▪ Method of communication (cell, cell and satellite) ▪ Weather check and contingencies ▪ Frequency of trips to location ▪ Emergency contingencies ▪ Verification of Liability Insurance provided by facility/third-party when applicable 	
COPY OF TRIP PLAN FILED WITH LOCAL EMERGENCY RESPONDERS			

		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
TEACHER SIGNATURE	APPROVED	PRINCIPAL SIGNATURE	DATE	