

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 Excursion: _____

Name, Address, and Telephone Number of Travel Agency or other Outside Organization: (if applicable)

Specific Activities of the Excursion: _____

This is Identified as a Higher Risk Activity: Yes No

High Risk Activities are:

- | | | | |
|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="radio"/> Canoeing | <input type="radio"/> Camping | <input type="radio"/> Sailing | <input type="radio"/> Cycling |
| <input type="radio"/> Swimming | <input type="radio"/> Rock Climbing | <input type="radio"/> Nordic Skiing | <input type="radio"/> Alpine Skiing |
| <input type="radio"/> Snowboarding | <input type="radio"/> Other _____ | | |

Special Information (e.g., clothing, materials, lunch): _____

Teacher in Charge: _____

Volunteers Needed Yes No

If Yes ____ For Supervision on the Excursion.

____ For Driving.