

School District of Janesville
FIELD TRIP REQUEST FORM

Name of Head Teacher/Club Advisor (Trip Leader): _____

Date form completed: _____ Sub needed: No Yes (All day / Half day)

Field Trip Request Form must be submitted to Building Principal **at least two weeks** prior to trip.

Elementary only: Student/adult chaperone ratio must be no greater than 10 to 1.

High School only: If trip is a community service, school sponsored and school supervised activity, complete the "School Sponsored Community Activities" form. **Students who have graduated may not participate.**

*Extended, Over-night Field Trips out of the State of Wisconsin must go through the SAC approval process per Board Policy 6730. Please see **Extended Field Trip Procedures (Overnight or International Trip)** for complete instructions.

TRIP INFORMATION

School: _____ Grade(s)/Group: _____ Check one: Class Club

Field trip to*: _____ City / State: _____

For Overnight/International trips, a SAC proposal must have been submitted and approved. Date of SAC approval _____

How does this field trip extend, supplement or enhance your instructional program? _____

Departure date: _____ Departure time: _____

Return date: _____ Return time: _____

Transportation provided by: _____

Number of students participating: _____ Cost per student: _____

Number of adults participating (total): _____

Number of adult non-staff participating (i.e., parents/other chaperones): _____

If more than one teacher is participating, list each teacher's name:

MEAL PLANNING (If needed)

Please notify Food & Nutrition Services at least six (6) working days prior to the field trip if students will be away from school during the lunch period (**Notice of Absence from Lunch Form**).

Food & Nutrition Services requires at least six (6) working days for a field trip lunch order (**Field Trip Lunch Order Form**).

Field Trip Lunch Order Form and Notice of Absence from Lunch Form are found in the Business Services Section of the Administrative Handbook.

Have meal arrangements been made through Food & Nutrition Services or another offsite vendor? Yes No

HEALTH INFORMATION (Required)

OBTAIN A FIRST AID KIT FROM THE HEALTH ROOM

For trips to rural areas, identify the nearest hospital or emergency help. _____

If there are students who are listed on the Confidential Health List participating, have appropriate arrangements been made for special needs?

Yes No

Have arrangements been made for children requiring medication? Yes Initials: _____

Medications must be picked up in the office the day of the trip. Upon return, the person dispensing medications to students must share the med log with the health aide/designee to enter into Infinite Campus. Parent volunteers **MAY NOT** dispense medication to students other than their own.

The nurse's signature below indicates that the nurse and Trip Leader have reviewed the Confidential Health List and Health Plans to determine which students will need scheduled and emergency medications on the field trip, and that emergency medication training has taken place.

School Nurse Signature: _____ Date: _____

APPROVAL

Building Principal

Date

Sub approved: Yes No **PRINCIPAL INITIAL:** _____

Director of Admin/Human Services *

Date

*Required only if field trip is out of Rock, Dane, Walworth or Waukesha Counties.