

# FIRST STREET SCHOOL

## Field Trip Checklist

Teacher: \_\_\_\_\_ Cell # \_\_\_\_\_ Date of Field Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

\_\_\_\_\_ 1. **Field Trip Permission Forms** (one for each student and they go with teacher on field trip)

\_\_\_\_\_ 2. **Attendance** (do your ABI attendance on Aeries if this applies to you). Names of students that are absent or left behind and classroom they will be in:

- |          |          |
|----------|----------|
| a) _____ | a) _____ |
| b) _____ | b) _____ |
| c) _____ | c) _____ |
| d) _____ | d) _____ |

\_\_\_\_\_ 4. **Request for Field Trip Transportation Form** (this request needs to be filed 10 days in Advance to the DO)

\_\_\_\_\_ 5. **Email School Nurse** email school nurse about your field trip a week in advance or sooner  
Check with office for any student health problems prior to field trip.

If a student needs an EPI pen you must be trained prior to fieldtrip otherwise arrangements need to be made with school nurse.

**PICK UP FIRST AID KIT IN OFFICE ON DAY OF TRIP!!**

\_\_\_\_\_ 6. **Lunch Request Form** (Please submit 3 copies to Food Services at least **5 or more** working days prior to field trip---PLEASE DO NOT FAX TO CENTRAL KITCHEN)

\_\_\_\_\_ 7. **Chaperones** (chaperones that attend must have current TB on file in office.  
No siblings allowed on bus/van.

- |          |
|----------|
| a) _____ |
| b) _____ |
| c) _____ |
| d) _____ |

**\*\*\*After you have checked off all items, please return to Angie on day of field trip\*\*\***