

### Trip Details

- ☐ Health Room
- ☐ School Kitchen Manager

School: _____		Trip date(s): _____	
Trip name: _____ (Add trip code if not using Durham buses)			
Trip type:	<input type="checkbox"/> ASB <input type="checkbox"/> ATH <input type="checkbox"/> CTE <input type="checkbox"/> FT	Activity type:	<input type="checkbox"/> Category 1 (Single-Day, Extended Day, In-State) <input type="checkbox"/> Category 2 (Overnight, Out-of-State*, Outdoor Education Program) <input type="checkbox"/> Category 3 (International Travel)
Reason for trip: _____			
Account/Budget: _____			
Requester: _____			
PO number: _____			
Origin: _____		<input type="checkbox"/> One-Way Trip	
Departure date: _____	Arrive at school: _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
	Depart from school: _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Return date: _____	Return to school: _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Destination: _____			
Arrival date: _____	Arrive at destination: _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Departure date: _____	Depart from destination: _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
	Return to school: _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Additional destinations: _____			
<input type="checkbox"/> District bus <input type="checkbox"/> District vehicle (T2) (List driver names in notes)		<input type="checkbox"/> Commercial transportation (Example: Airline; shuttle)	
		<input type="checkbox"/> Charter bus* (CH) _____ Requires prior approval    (Charter company name)	
<input type="checkbox"/> No district transportation provided (NT)		<input type="checkbox"/> Operation School Bell (OSB)	
<input type="checkbox"/> Other: _____			
Number of:	Adults	Students	Wheelchairs
Vehicles	Special accommodations (list below or in notes)		
1**			
Contact name: _____		Contact phone: _____	
(Trip coordinating staff member)			
Notes: _____ _____			
Bus with storage required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Bus drops off/picks up <input type="checkbox"/> Bus stays			

### Substitute Request

Employee name	Substitute name	Start date	End date	Time needed
				<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM
				<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM
				<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM

Approval for Out-of-State*		Approval for Charter Bus	
_____ Superintendent	_____ Date	_____ Transportation Supervisor	_____ Date

Revised: July 2025

## Field Trip Informed Consent Notice Adult Supervisor

Trip name		Trip date(s)		Adult supervisor name	
Reason for trip: _____					
Trip coordinating staff: _____					
Coordinating staff member signature		Date		Building administrator signature	
				Date	
Destination: _____			Name of lodging: _____		
Lodging address: _____			Lodging phone: _____		
Origin: _____		Destination: _____		Number of:	
Departure date: _____		Arrival date: _____		Adults: _____	
Departure time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Arrival time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Students: _____	
Return date: _____		Departure date: _____		A completed field trip description and itinerary form MUST be provided.	
Return time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Departure time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
<b><u>Type of transportation</u></b>					
<input type="checkbox"/> District bus		<input type="checkbox"/> District vehicle		<input type="checkbox"/> Commercial transportation	
				<input type="checkbox"/> Charter bus	
<input type="checkbox"/> No district transportation provided (parent/guardian arranged transportation)			<input type="checkbox"/> Other: _____		

### SECTION TO BE COMPLETED BY ADULT SUPERVISOR

_____ Adult supervisor name	<input type="checkbox"/> District staff member <input type="checkbox"/> District approved volunteer
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**Medical Information**

☐ I **do not** have any special health problems.

List any special health problems. The following special health problems should be noted, and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

\_\_\_\_\_

I ☐ **am not** taking any medications or topical(s) on this field trip.

I ☐ **am** taking the following medication(s) or topical(s) on this field trip.

Name of medication: \_\_\_\_\_ Name of medication: \_\_\_\_\_

Name of prescribing health care provider: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Medical Release**

In the event of an accident or illness that is life threatening, I authorize the school district to secure emergency medical care as needed.

Name of primary care doctor \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

Primary care doctor's clinic \_\_\_\_\_ Clinic phone: \_\_\_\_\_

Name of insurance carrier \_\_\_\_\_ Policy number: \_\_\_\_\_

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. I understand that the school district will make **all** reasonable effort to provide a safe environment. I acknowledge that this activity entails known and unknown and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Being fully aware of the risks, I hereby give my consent as an adult supervisor to participate in the activity. My signature reflects my knowledge of the details of the trip and the itinerary.

_____ Signature of adult supervisor	_____ Date
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Adult supervisor name: _____	Cell/Home phone: _____
Home address: _____	Work phone: _____
Emergency contact name: _____	Emergency contact phone: _____

Please **return this form** to \_\_\_\_\_ before (date) \_\_\_\_\_ and keep any attachment for your information.



## Field Trip Student Informed Consent Notice

Trip name \_\_\_\_\_ Trip date(s) \_\_\_\_\_ Student name \_\_\_\_\_

Reason for trip: \_\_\_\_\_

Trip coordinating staff: \_\_\_\_\_

Coordinating staff member signature \_\_\_\_\_ Date \_\_\_\_\_ Building administrator signature \_\_\_\_\_ Date \_\_\_\_\_

Destination: \_\_\_\_\_ Place of lodging: \_\_\_\_\_

Lodging address: \_\_\_\_\_ Lodging phone: \_\_\_\_\_

Origin: \_\_\_\_\_ Destination: \_\_\_\_\_ Number of: \_\_\_\_\_

Departure date: \_\_\_\_\_ Arrival date: \_\_\_\_\_ Adults: \_\_\_\_\_

Departure time: \_\_\_\_\_ ☐ AM ☐ PM Arrival time: \_\_\_\_\_ ☐ AM ☐ PM Students: \_\_\_\_\_

Return date: \_\_\_\_\_ Departure date: \_\_\_\_\_ A completed field trip

Return time: \_\_\_\_\_ ☐ AM ☐ PM Departure time: \_\_\_\_\_ ☐ AM ☐ PM description and

itinerary form MUST

be provided.

Student will be **RELEASED** from class: \_\_\_\_\_ Student will **RETURN** to class: \_\_\_\_\_  
Date/Time \_\_\_\_\_ Date/Time \_\_\_\_\_

### Type of transportation

- ☐ District bus ☐ District vehicle ☐ Commercial transportation ☐ Charter bus  
☐ No district transportation provided (parent/guardian arranged transportation) ☐ Other: \_\_\_\_\_

### SECTION TO BE COMPLETED BY PARENT/GUARDIAN

Student ID number \_\_\_\_\_ Student name \_\_\_\_\_

#### Medical Information

- ☐ My student **does not** have any special health problems.

List any special health problems. The following special health problems should be noted, and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

Any medication, prescription or non-prescription, must have signed orders from a licensed health care professional and parent/guardian.

My student ☐ **IS NOT** taking any medications or topical(s) on this field trip.

My student ☐ **IS** taking the following medication(s) or topical(s) on this field trip.

Name of medication: \_\_\_\_\_ Name of medication: \_\_\_\_\_

Name of prescribing health care provider: \_\_\_\_\_ Phone number: \_\_\_\_\_

#### Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the student's parent/guardian immediately. However, if they are not available, I authorize the school district to secure emergency medical care as needed.

Name of primary care doctor \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

Primary care doctor's clinic \_\_\_\_\_ Clinic phone: \_\_\_\_\_

Name of insurance carrier \_\_\_\_\_ Policy number: \_\_\_\_\_

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. I understand that the school district will make all reasonable effort to provide a safe environment. I acknowledge that this activity entails known and unknown and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Being fully aware of the risks, I hereby give consent for my student to participate in the activity. My signature reflects my knowledge of the details of the trip and the itinerary.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_ Emergency number \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Cell/Home phone: \_\_\_\_\_

Home address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Please **return this form** to \_\_\_\_\_ before (date) \_\_\_\_\_ and keep any attachment for your information.

**Field Trip Description and Itinerary Form**

Who: *(Group/class)*

What: *(Event/trip)*

When: *(Departure date/return date)*

Where: *(Name/address of destination/lodging)*

Why: *(Purpose/goals/objectives)*

Cost:

Transportation:

What to wear: *(Clothing requirements)*

What to bring: *(Include special equipment or supplies)*

Food: *(Meal plan/arrangements)*

Potential hazards/special requirements:

Coordinating staff member(s) contact phone: