

NICASIO SCHOOL DISTRICT

Administrative Rules and Regulations

Series 6000: Instruction

Form 6153G

Field Trip Check List

Teacher's Name: _____ Grade Level(s): _____

Destination: _____

Destination Contact Person: _____ Destination Phone: _____

Departure Date/Time: _____ Back at School Date/Time: _____

Parent-Signed Field Trip Permission & Medical Authorization Form

Student and Parent-Signed Field Trip Behavior Contract

Chaperone/Driver-Signed Field Trip Behavior Contract

First Aid Kit(s)

Walkie-Talkies (optional)

Special Medication and Instructions for Students with Identified Needs

Packet for each Driver

Driver receives a copy related to each of his/her passengers. Teacher brings a complete set of documents related to all students.

Detailed Itinerary

Field Trip Permission & Medical Authorization Form

Special Medication and Instructions

Students with significant medical issues/ medication needs should be placed in the same car as the teacher.

List Names of All Drivers

***Attach a List of "Car Groups" indicating ALL Occupants in each Car.**

Authorized drivers are those who have a current, completed Field Trip Driver Form on file in the District main office. Teachers are responsible for verifying the status of these forms. At no time during the field trip may car assignments change without explicit communication to the office.

1. _____
Name Cell Phone

5. _____
Name Cell Phone

2. _____
Name Cell Phone

6. _____
Name Cell Phone

3. _____
Name Cell Phone

7. _____
Name Cell Phone

4. _____
Name Cell Phone

8. _____
Name Cell Phone

List Names of Any Other Adult Chaperones

1. _____

3. _____

2. _____

4. _____

Principal's Signature: _____ Date: _____