

Field Trip Check List

Orientation Meeting:		
Transportation Arrangements:		
Administrative Approval:		
Board Approval (If Necessary):		
Parent Permission:		
Medical Emergency Instructions for	or each Student:	
Destination Phone Number for En	nergency Use (See Below):	
Field Trip First Aid Kits:		
First Aid:		
Director's Name:		_
Other First Aid Provider:		-
Chaperones:		
Local Emergency Telephone Num	bers:	
Nearest Hospital:		
Highway Patrol:		
Fire Department:	Other:	
(Make Copies - One for the Busin	ess Office, Program directo	r and one for trip the director)