

**SCHOOL DISTRICT OF LOMIRA
FIELD TRIP/SCHOOL BUS REQUEST FORM**

Teacher(s): _____ Cell Phone #: _____ Grade(s): _____

Trip Destination: _____ Contact #: _____

Date of Field Trip: _____

Time of Departure: _____ Time of Arrival Back at School: _____

Purpose and educational expectations of this trip: _____

Bring sack lunches: Yes No Notified School Nutrition Director: Yes No

Source of payment for this trip _____

Who are the chaperones that will assist you? _____

Teacher

Date of Application

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**** BUS INFORMATION ****
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Number of students: _____ Number of adults: _____ Total Number: _____

Arrive at School: _____ Return: _____ Number of Buses Needed: _____ Cost \$: _____

Bus Confirmation by: _____ Date: _____

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**** HEALTH & SAFETY INFORMATION ****
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1. Have you notified the school nurse of this field trip? Yes No
2. Are there students with health concerns, health care plans, or needing medications during field trip?
 Yes No
3. Are you authorized to administer medication (trained by school nurse this school year)?
 Yes No
4. Nearest Hospital/Urgent Care: _____

NOTE: Field trip request application forms need to be reviewed by the school nurse prior to field trip. Notify teachers, District Office & hot lunch count of this field trip. Please attach a copy of curricular based objectives and identified pre and post trip activities to this form. Obtain traveling first aid kit from office. All parent/Guardian consent forms for this field trip should be in possession of the teacher during the field trip.

Approval – School Nurse

Date Approved

Approval – Principal

Date Approved

Approval – Superintendent

Date Approved