CANTON PUBLIC SCHOOLS
Administrative Field Trip Request Form

CHS ☐ GMS ☐ HANSEN ☐ JFK ☐ Rodman ☐ LUCE ☐

GRADE: _____ TEACHER(S) IN CHARGE: _____

1. **Submit to Nursing and Administration a minimum of TWO WEEKS prior to trip departure date.**
2. **Complete all of the following information.**

Program Information:

Destination of Field Trip, Activity: _____ , _____, _____
Venue City State

Date(s): _____

Location of nearest medical facility for emergency care: _____

Relevancy to Teaching Unit:

What is the relevance of the lesson plan: _____

Educational Value of Trip: _____

What do you have for follow-up plans? _____

Program Specifics:

Time of Departure: _____ **Time Scheduled to Return: _____**

Number of Students Attending: _____ **Cost per Student: $ _____**

Number of CPS Chaperones: _____ **Number of Additional Chaperones: _____**

Total Number Substitute Staff needed: _____

Transportation: _____ **Student Attire: _____**

Student needs to bring:

☐ **A labeled, paper bag lunch with drink to be discarded after lunch** ☐ **Lunch will be provided**

☐ **An additional snack/drink** ☐ **Other: _____**

Program Approvals: **(provide dates below)**

Principal Initial Notification/Approval _____: Yes _____ No _____

Nursing notification 2 weeks in advance _____: Yes _____ No _____

Nursing services required on trip confirmed _____: Yes _____ No _____

Cafeteria manager received notification of trip _____: Yes _____ No _____

Signed permission forms from parents or guardians are/will be on file: Yes _____ No _____

Final Principal Approval: _____ **Date: _____**

**** Administrator Approval – Obtain 3 weeks in advance**

Canton Public Schools do not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age, or disability

Rev

CANTON PUBLIC SCHOOLS
Parent/Guardian Field Trip Permission Form

GRADE: _____ TEACHER(S) IN CHARGE: _____

Please complete all of the following information.

Program Information:

Destination of Field Trip, Activity: _____ , _____, _____
Venue City State

Date(s): _____

Location of nearest medical facility for emergency care: _____

Parental Permission:

Please return this completed permission slip and your student's money together in a sealed envelope by_____. Checks should be made out to _____.

I give permission for my child, _____, to accompany his/her classmates on this field trip.

I understand that every effort will be made to contact me if a medical emergency should occur. However, if I cannot be reached, or where time is of the essence, I hereby give permission to provide such medical treatment to my child as is deemed necessary.

_____ _____
Parent/Guardian Signature **Date**

Parent/guardian Phone: _____

Cell Phone: _____

Emergency Contact: _____

Phone: _____

Medical conditions/allergies: _____

Any medication needs on the Field Trip: Yes _____ No ___

Chaperones:

Preference will be given to parents of students with seizures, diabetes, Epi-pens and inhalers. Additional chaperones will be selected by the teacher in order to offer all an otherwise equal opportunity.

I am interested in being a chaperone. Yes _____ No ___

Chaperone has a CORI Check on file. Yes _____ Date Verified _____

Canton Public Schools do not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, homelessness, age or disability.
Equal Opportunity Employer (EOE)