Expressive Beginnings Field Trip Authorization Form

Current Date: ________________

Classroom/Group Name: _____________________________

Date and Time of Field Trip: ____________________________

Destination: _______________________________

Cost Per Child: _____________________

Total Parent Fee: ________________

Expected Number of Children Attending: ___________

Staff Who Will Attend: ____________________________________________________

CPR/FA Certified Staff Attending: ____________________________________________

Children With Emergency Medical Needs Attending: (Name/Medical Need)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Medication Administration Trained Staff Attending: _____________________________

Will extra staff be needed to provide adequate supervision?       Yes     or   No

Is there a body of water present at the destination?        Yes   or    No

What activities will be taking place on the field trip?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

*If activities will be taking place in or on a body of water lifeguards certified for that body of water must be present.

Method of Transportation:

☐ TW Bus/Bus Driver Assigned _____________________

☐ Hired Bus/Name of Agency ______________________

☐ Parent Transport

ADMINISTRATIVE APPROVAL GRANTED:     YES    OR    NO

__________________________________  _______________
Administrator Signature    Date