

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