



Distribution:

- ☐ Health Room
- ☐ School Kitchen Manager

School: _____		Trip date(s): _____			
Trip name: _____ (Add trip code if not using Durham buses)					
Trip type:	<input type="checkbox"/> ASB <input type="checkbox"/> ATH <input type="checkbox"/> CTE <input type="checkbox"/> FT	Activity type:	<input type="checkbox"/> Category 1 (Single-Day, Extended Day, In-State) <input type="checkbox"/> Category 2 (Overnight_Out-of-State*, Outdoor Education Program) <input type="checkbox"/> Category 3 (International Travel)		
Reason for trip: _____					
Account/Budget: _____					
Requester: _____					
PO number: _____					
Origin: _____		<input type="checkbox"/> One-Way Trip			
Departure date: _____	Arrive at school: _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM		
	Depart from school: _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM		
Return date: _____	Return to school: _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM		
Destination: _____					
Arrival date: _____	Arrive at destination: _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM		
Departure date: _____	Depart from destination: _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM		
	Return to school: _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM		
Additional destinations: _____					
<input type="checkbox"/> District bus <input type="checkbox"/> District vehicle (T2) (List driver names in notes)					
<input type="checkbox"/> Commercial transportation <input type="checkbox"/> Charter bus* (CH) _____ (Example: Airline; shuttle) Requires prior approval (Charter company name)					
<input type="checkbox"/> No district transportation provided (NT) <input type="checkbox"/> Operation School Bell (OSB) <input type="checkbox"/> Other: _____					
Number of:	Adults	Students	Wheelchairs	Vehicles	Special accommodations (list below or in notes)
				1**	
Contact name: _____		Contact phone: _____			
(Trip coordinating staff member)					
Notes: 					
Bus with storage required: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Bus drops off/picks up <input type="checkbox"/> Bus stays			

Employee name	Substitute name	Start date	End date	Time needed
				<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM
				<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM
				<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM
Approval for Out-of-State*		Approval for Charter Bus		
_____ Superintendent	_____ Date	_____ Transportation Supervisor	_____ Date	

Revised: August 2018
Revised: July 2025



Field Trip Informed Consent Notice Adult Supervisor

Trip name _____ Trip date(s) _____ Adult supervisor name _____

Reason for trip: _____

Trip coordinating staff: _____

Coordinating staff member signature _____ Date _____ Building administrator signature _____ Date _____

Destination: _____ Name of lodging: _____

Lodging address: _____ Lodging phone: _____

Origin: _____ Destination: _____ Number of: _____

Departure date: _____ Arrival date: _____ Adults: _____

Departure time: _____ ☐ AM ☐ PM Arrival time: _____ ☐ AM ☐ PM Students: _____

Return date: _____ Departure date: _____

Return time: _____ ☐ AM ☐ PM Departure time: _____ ☐ AM ☐ PM
A completed field trip description and itinerary form MUST be provided.

Type of transportation

- ☐ District bus ☐ District vehicle ☐ Commercial transportation ☐ Charter bus
☐ No district transportation provided (parent/guardian arranged transportation) ☐ Other: _____

SECTION TO BE COMPLETED BY ADULT SUPERVISOR

Adult supervisor name _____
☐ District staff member
☐ District approved volunteer

Medical Information

☐ I do not have any special health problems.

List any special health problems. The following special health problems should be noted, and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

I ☐ am not taking any medications or topical(s) on this field trip.

I ☐ am taking the following medication(s) or topical(s) on this field trip.

Name of medication: _____ Name of medication: _____

Name of prescribing health care provider: _____ Phone number: _____

Medical Release

In the event of an accident or illness that is life threatening, I authorize the school district to secure emergency medical care as needed.

Name of primary care doctor _____ Doctor's phone: _____

Primary care doctor's clinic _____ Clinic phone: _____

Name of insurance carrier _____ Policy number: _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. I understand that the school district will make all reasonable effort to provide a safe environment. I acknowledge that this activity entails known and unknown and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Being fully aware of the risks, I hereby give my consent as an adult supervisor to participate in the activity. My signature reflects my knowledge of the details of the trip and the itinerary.

Signature of adult supervisor _____ Date _____

Adult supervisor name: _____ Cell/Home phone: _____

Home address: _____ Work phone: _____

Emergency contact name: _____ Emergency contact phone: _____

Please return this form to _____ before (date) _____ and keep any attachment for your information.

Field Trip Student Informed Consent Notice

_____	_____	_____
Trip name	Trip date(s)	Student name

Reason for trip: _____

Trip coordinating staff: _____

_____	_____	_____	_____
Coordinating staff member signature	Date	Building administrator signature	Date

Destination: _____ Place of lodging: _____

Lodging address: _____ Lodging phone: _____

Origin: _____ Destination: _____ Number of: _____

Departure date: _____ Arrival date: _____ Adults: _____

 Departure time: _____ ☐ AM ☐ PM Arrival time: _____ ☐ AM ☐ PM Students: _____

Return date: _____ Departure date: _____ A completed field trip

 Return time: _____ ☐ AM ☐ PM Departure time: _____ ☐ AM ☐ PM description and

itinerary form MUST

be provided.

Student will be RELEASED from class: _____	Student will RETURN to class: _____
Date/Time	Date/Time

Type of transportation

- ☐ District bus
 ☐ District vehicle
 ☐ Commercial transportation
 ☐ Charter bus
- ☐ No district transportation provided (parent/guardian arranged transportation)
 ☐ Other: _____

SECTION TO BE COMPLETED BY PARENT/GUARDIAN

_____	_____
Student ID number	Student name

Medical Information

☐ My student **does not** have any special health problems.

List any special health problems. The following special health problems should be noted, and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

Any medication, prescription or non-prescription, must have signed orders from a licensed health care professional and parent/guardian.

 My student ☐ **IS NOT** taking any medications or topical(s) on this field trip.

 My student ☐ **IS** taking the following medication(s) or topical(s) on this field trip.

Name of medication: _____ Name of medication: _____

Name of prescribing health care provider: _____ Phone number: _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the student's parent/guardian immediately. However, if they are not available, I authorize the school district to secure emergency medical care as needed.

Name of primary care doctor: _____ Doctor's phone: _____

Primary care doctor's clinic: _____ Clinic phone: _____

Name of insurance carrier: _____ Policy number: _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. I understand that the school district will make all reasonable effort to provide a safe environment. I acknowledge that this activity entails known and unknown and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Being fully aware of the risks, I hereby give consent for my student to participate in the activity. My signature reflects my knowledge of the details of the trip and the itinerary.

_____	_____	_____
Signature of parent/guardian	Date	Emergency number

Parent/Guardian name: _____ Cell/Home phone: _____

Home address: _____ Work phone: _____

 Please **return this form** to _____ before (date) _____ and keep any attachment for your information.

Field Trip Description and Itinerary Form

Who: *(Group/class)*

What: *(Event/trip)*

When: *(Departure date/return date)*

Where: *(Name/address of destination/lodging)*

Why: *(Purpose/goals/objectives)*

Cost:

Transportation:

What to wear: *(Clothing requirements)*

What to bring: *(Include special equipment or supplies)*

Food: *(Meal plan/arrangements)*

Potential hazards/special requirements:

Coordinating staff member(s) contact phone: