

District Assigned FT # \_\_\_\_\_

## GALT ELEMENTARY SCHOOL NON-BUS FIELD TRIP

Please notify Health Services two weeks prior to the date of the field trip. This will allow plenty of time for the Health Assistant to arrange any medication required to be available for the trip. You will receive this form back in your mailbox with the information about any medications that you may need to pick up that day before leaving the school site.

School Site: \_\_\_\_\_

Date of Notice: \_\_\_\_\_

Destination: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### How are you getting there?

\_\_\_\_\_ Walking    \_\_\_\_\_ Private Vehicles (Are authorizations on file? \_\_\_\_\_ )

\_\_\_\_\_ Other: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Grades Attending: \_\_\_\_\_

# of Teachers/ Adults: \_\_\_\_\_ # of Students attending: \_\_\_\_\_

### Purpose of trip:

\_\_\_\_\_

Leave Site at: \_\_\_\_\_ am/pm

Arrive Destination at: \_\_\_\_\_ am/pm

Leave Destination at: \_\_\_\_\_ am/pm

Return to School at: \_\_\_\_\_ am/pm

**Fill out Cafeteria Notification of Field Trip regardless if you will need sack lunches.**

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature Required)

Medications/ Special Health Concerns:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Assistant: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature Required)

Fiscal Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature Required)