Field Trip Notification Form

 Manitou Springs School District 14

**Must be submitted to Admin & Health Office (Transportation & Dietary if needed)**

**Administrative Info**

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher requesting Fieldtrip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Field trip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Destination\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of departure from school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of return to School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Fieldtrip:Brief explanation of activity, event, etc, which students will be attending, and the specific unit of study that relates to this activity.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of students going on this Fieldtrip\_\_\_\_\_\_\_\_

*Administrative Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Health Office Info – Please provide at least 2 week notice**

Please provide a list of students, with this completed form, to school health office at least 2 weeks before event.

Staff attending trip who is CPR certified\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff attending trip who will be responsible for health support & delegated to administer medications on the day of the trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of medical training: \_\_\_\_\_\_\_\_\_\_ RN Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation Info - Please provide 2 week notice**

Is District transportation going to be used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If yes, please complete a “Transportation Request” at https://transpo-mssd14.rschooltoday.com/login/*

*After submitting, please confirm with John Harden at 2231 or jharden@mssd14.org .*

 If not, what means of transportation will be used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nutrition Service Info**

Does this trip this impact lunch time/ Sack meal needed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If yes, please contact Paula Faucett at 2005 or pfaucett@mssd14.org.*