



BONITA ELEMENTARY DISTRICT
Field Trip Request

Teacher Name _____ Date of Request _____

Date /Time of departure and return _____

Trip leader (if different than above): _____

School emergency contact/phone number: _____

Contact person/phone number at destination: _____

Places to visit _____

Number and grade of students _____

Names of chaperones _____

Teachers and School Staff _____

Parents and Community Members _____

Itinerary _____

How does this trip relate to your academic program? Explain briefly.

(Staff: Please return completed requests to office secretary. You will be notified of your approval after it has been checked against the school calendar, transportation, and administration)

Calendar approval _____
Signature Date

Transportation approval _____
Signature Date

Administrative Approval _____
Signature Date



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Activity Trip Exposure Analysis Checklist

- To be completed, in advance of the activity trip, by teacher responsible for the activity.
- Is the location of the activity trip indoors or outdoors? (I or O)
- Are special clothing needs such as shoes, jackets, or gloves required?
- Does the trip location include exposure to insect or animal bites, falling rocks, puncture wounds from plants, or eye irritation from dust or other airborne particles?
- Does the trip require climbing above or below the ground floor? If so, are walkways well marked, do they include hand or guardrails, and are they maintained in good condition?
- Have extraordinary exposures been included on the activity Trip Permission Form to provide for an informed consent from parent or guardian?
- Are first aid services available at the trip location in the event of an injury or illness?
- Are food and water available at the trip location? If not, will students bring their own food and water? Are facilities available to safely store food and water?
- Has the travel route been planned in advance?
- Will transportation make stops traveling to or from the trip location? If so, have stops been planned to maintain student control and safety?
- Is adequate parking available for safe vehicle loading, unloading, parking, and turn around?
- Does the learning experience involve direct contact with plants or animals? If so, have students been questioned about potential allergic reaction?
- Is prior evidence of liability insurance protection required by the trip location owner to allow use of the facility or property?
- If trip includes residence at a camp facility, does the camp owner require proof of student accident insurance?
- If the trip includes a wilderness program, have special arrangements been made for emergency or medical evacuation?



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Activity Trip Information

To Parent(s)/Guardian(s) of students in _____ at Bonita Elementary
(Grade/Class)

School. _____ is planning a trip to _____
(Teacher Name) (Location)

on _____. The time of departure is _____, the date and
(Date) (Time)

estimated time of return is _____.
(Date & Time)

Purpose of the trip: _____

Eating arrangements: _____

Other Information (if any): _____

Transportation will be provided by _____

Special clothing required for this trip will include _____

The location of the activity requires that each student be able to accomplish the following
physical tasks: _____

.....
(Tear or Cut)

.....
(Tear or Cut)

This portion to be filled out by parent and returned to school.

Please be aware of the following medical concerns. _____

My child [(has) (does not have)] permission to attend this activity.
(Circle one)

Parent Name

Signature

Date