

MARYSVILLE PUBLIC SCHOOLS TEACHER CHECK LIST FOR DAY FIELD TRIPS

Building: _____

Advisor: _____

Current Date: _____ **Field Trip Date:** _____

<u>PRE-TRIP CHECK LIST:</u>	<u>DATE CONFIRMED/COMPLETED</u>
------------------------------------	--

_____ **Administration** _____

_____ **Check w/Bldg. Master Calendar** _____

_____ **Other Transportation/Bus Available** _____

_____ **# of Students** _____ **Teachers** _____ **Chaperones** _____

_____ **Estimated Cost (Bldg. Secretary)** _____

_____ **Cost (totals):**
 \$ _____ **Bus (or other transportation)** _____
 \$ _____ **Meals** _____
 \$ _____ **Fees** _____
 \$ _____ **Other(explain)** _____

_____ **Substitute Teacher Available (Bldg. Secretary)** _____

_____ **Teacher Leave Form** _____

_____ **Field Trip Request Form Signed** _____

_____ **Request for School Bus/Van** _____
 (circle one if needed)

_____ **Parent Consent/Permission Slip/Emergency Information Form** _____
 (copy to secretary)

_____ **Chaperone Guidelines (Guidelines due 7 days prior to trip)** _____

_____ **Map of Destination** _____

_____ **First Aid Kit/Medications** _____

_____ **Check Board Policy (included in packet)** _____

_____ **Kitchen Contact (Bldg. Secretary)** _____

_____ **Staff Communication (Secondary Level Only)** _____

_____ **Trip Destination Confirmation** _____

_____ **Cell Phone (# _____)** _____

_____ **List of Names to Principal (Student/Adults)** _____

_____ **Background Checks by Central Office** _____