

Field Trip/Excursions Procedures

1. Field trip request packet must be completed 4-6 weeks prior to field trip date.

Packet includes:

a) Nurse Field trip form signed by nurse.

b) Field trip request form signed by principal.

c) Bus request filled out at <https://login.myschoolbuilding.com/msb?productID=TD>

Username: Login Id is last name Password: Patriot2018

d) Flyer announcing field trip with money collection start and end dates.

e) Quotes for all activities and expenses (including transportation).

f) Completed CNP form for lunch.

2. Once packet is complete and submitted to bookkeeper a multiple receipt log will be issued for money collection. **ALL MONIES SHOULD BE TURNED IN WITH LOG DAILY.**

3. Once money collection is completed, requisitions must be submitted to pay expenses.



PIKE ROAD SCHOOLS

TRIP/BUS TRANSPORTATION REQUEST AND BILLING FORM

THIS SECTION TO BE COMPLETED BY TEACHER/PRINCIPAL

School _____ Destination* _____
Teacher/Sponsor _____ Group _____ No. Students ____ No. Adults ____
Purpose _____ of _____ Trip _____

Date and Time of Departure _____ Date and Time* of Return _____
Vehicle Required ____ Yes ____ No Within City Limits ____ Yes ____ No

Pre-Trip Plan(s) _____

On-Site Objective(s) _____

Anticipated Follow-up _____

Sponsor/Teacher Signature _____ Approved by Principal _____
Date _____ Date _____

Date Date *Once approved, the destination and location of the field trip cannot be changed.

THIS SECTION TO BE COMPLETED BY TRANSPORTATION

Date Received:	Date Acknowledged:	Vehicle Assigned:	
Approved By:		Title:	Date Approved:
Billing:		Date Sent:	
_____ miles @ _____ per mile = _____			
_____ hrs. overtime @ _____ per hour = _____			
TOTAL DUE \$ _____ Billing Clerk _____			

Pike Road School District Lead Learner to Nurse Field Trip Permission Request

Date of request _____ Date request received by nurse _____

Community _____ requests to have a field trip on _____
to _____

Classrooms/LLs in attendance will be: _____

If an entire class or community is not attending and individual students will be attending, please attach a list of students/potential students participating.

Participating LLs have verified the health needs, and reviewed the IHPs of all participating learners, and the following students will need nurse attention on the trip:

(Please indicate student by initials and lead learner only for FERPA protection)

Times of field trip: Departure _____ Return _____

Number of busses ____ I understand that all high acuity students must ride on the same bus as the nurse, and will ensure the bus does not depart without the nurse.

LL volunteer unlicensed medication assistant (UMA) for trip if needed for medication administration will be:

I understand that if the times or dates are to change I will need to submit a new permission request, and my original request is void.

Field Trip Coordinator

Date

This form is to be submitted to your school's clinic nurse for date stamp, and review. After review at the local level it will be forwarded to the Nursing Supervisor for scheduling and final approval. After this form has been returned to you, with approval of sub nurse or an attached medication list for the UMA, then you may request the field trip from your local administration and bookkeeper.

Nurse Office Use Only

Health Conditions checked on all learners attending _____

Medications checked for all learners attending _____

Medication list attached for UMA _____

Sub Nurse Needed _____ For _____

No medications required in the following classrooms _____

—

Medication needs in the following classrooms _____

—

Date sub requested _____ Date sub accepted _____

UMA has completed training and has been signed off _____

Field Trip Approved



CNP FIELD TRIP NOTIFICATION FORM

Date(s) of field trip _____

Will CNP need to provide lunch. Yes _____ No _____

If Yes, how many students attending _____ Adults _____

CNP Signature

*****Any special request (food allergies, etc.)*****
