



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street ≈ Spring Green, Wisconsin 53588 ≈ Phone: 608-588-2551

352 - Exhibit 2

School Field Trip Checklist

Field Trip Information

This form must be completed **at least two weeks** prior to any/all school sponsored activities when students are taken off campus (excluding athletic teams).

School: _____ Group(s) or Grade(s): _____

Person in Charge of Field Trip: _____ Date(s) of Field Trip: _____

Destination: _____ Time (leaving/returning): _____

- Curricular
- Co-Curricular

Medical Information

Individual(s) with current CPR/AED/1st Aid certification accompanying students on field trip:

Name: _____

District personnel responsible for securing and administering medication trained by the school nurse

Name of district personnel administering medication: _____

Date of Medication Training: _____

Signature of School Nurse _____ Date _____

Miscellaneous Information

First Aid supplies secured for field trip

Bus request form (if applicable) submitted and approved by building administrator/district administrator

School Nurse notified of fieldtrip no less than 2 weeks in advance of field trip.

Notify kitchen no less than 2 weeks in advance of field trip if students will be out of the building at lunchtime

Verify that trip destination has access to a phone for emergencies. If not, what is the plan?

Copy of completed Registration and Pupil Information form **reviewed and secured** by person in charge of fieldtrip

Background check for chaperones completed

- NOTE:
1. High school students going on bus trips must complete in advance a pre-arranged absence make-up form
 2. Teachers sponsoring field trips are responsible for providing or assuring necessary first aid measures and the continuity of individualized health care to students as directed by the school nurse
 3. No bus trips will be scheduled unless the Bus Request Form is completed and routed through the Central Office prior to the trip

Overnight Field Trips:

- Completed Student Health Information Form for Overnight Field Trips reviewed and secured by person in charge of field trip.
- Completed Student Health Information Form for Overnight Field Trips reviewed by school nurse if applicable

**Additional Names of District Personnel
Administering Medication:**

Date of Medication Training:

Name

Date

Name

Date

Name

Date

Name

Date

Signatures below verifies the above checklist is complete:

Signature of Person in Charge of Field Trip

Date

Principal

Date

APPROVED: November 18, 2010

REVISED: July 16, 2015

APPROVED: August 13, 2015