



# RIVER VALLEY SCHOOL DISTRICT

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

352 - Exhibit 2

## Field Trip and Overnight School Trip Checklist

### 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 non-overnight athletic teams).

School: \_\_\_\_\_ Group(s) or Grade(s): \_\_\_\_\_

Person in Charge of Trip: \_\_\_\_\_ Date(s) of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_ Time (leaving/returning): \_\_\_\_\_

- Curricular
- Co-Curricular

### Medical Information

Individual(s) with current CPR/AED/1<sup>st</sup> Aid certification accompanying students on 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 trip
- Bus Request Form (if applicable) submitted and approved by building administrator/district administrator
- School Nurse notified of trip no less than 2 weeks in advance of trip.
- Notify kitchen no less than 2 weeks in advance of 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 trip

Background check for chaperones completed

NOTE: 1. High school students going on trips must complete in advance a pre-arranged absence make-up form  
 2. Teachers sponsoring 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 School Trips:

- Completed Student Health Information Form for Overnight School Trips reviewed and secured by person in charge of field trip.
- Completed Student Health Information Form for Overnight School 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 Trip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

APPROVED: November 18, 2010

REVISED: July 16, 2015

APPROVED: August 13, 2015

REVISED: November 11, 2021

APPROVED: December 9, 2021

REVISED: March 9, 2023

APPROVED: April 13, 2023