

MAKE SURE TO FILL OUT BUS
REQUEST ONLINE AT
TripDirect
myschoolbuilding.com

ASHLAND SCHOOL DISTRICT FIELD TRIP REQUEST FORM

DATE SUBMITTED

	Leave:	Return:	
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TEACHER (S)	ACTIVITY TIME / DATE (S)	LOCATION (S)
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BRIEF DESCRIPTION OF FIELD TRIP AND INSTRUCTIONAL RELEVANCE

- WALKING PERSONAL CAR
 DISTRICT BUS CONTRACTED BUS DISTRICT CAR ___ I have registered with transportation software. (initial)

ACCESS

STUDENT COUNT	STAFF COUNT	ADULT VOLUNTEER COUNT	CPR	FIRST AID	MED ADMIN	EPI PEN	GLUCAGON

CONSIDERATIONS FOR SPECIAL NEEDS

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ALTERNATIVE ACTIVITY PLAN ON FILE STUDENTS NOT PARTICIPATING IN TRIP AND REASON

FIELD TRIPS OUTSIDE OF CITY LIMITS, REMOTE LOCATIONS AND OVERNIGHTS? No – skip section

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JUSTIFICATION FOR USE OF LOCATION AS MOST PROXIMAL OR LOWEST RISK

FIELD TRIPS TO REMOTE AREAS - One or more of the following: No – skip section

- Poor cell connection Greater than 15 min. emergency response Four wheel drive
 Non-urban foot access greater than 1 mile Wilderness activity greater than single school day

REMOTE AREAS MEET ONE OR MORE OF THE ABOVE CRITERIS

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LOCAL EMERGENCY AGENCY CONTACT INFO By Date EMERGENCY RESPONSE TIME (ESTIMATED)

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| <ul style="list-style-type: none"> Attach at a minimum the following: <ul style="list-style-type: none"> Travel plans and route Number of Participants (Adults, Students by age) and special needs/considerations Number of Staff with District approved First-Aid and CPR Estimated departure and return time | <ul style="list-style-type: none"> Method of communication (cell, cell and satellite) Weather check and contingencies Frequency of trips to location Emergency contingencies Verification of Liability Insurance provided by facility/third-party when applicable |
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COPY OF TRIP PLAN FILED WITH LOCAL EMERGENCY RESPONDERS

	Yes <input type="checkbox"/> No <input type="checkbox"/>		
TEACHER SIGNATURE	APPROVED	PRINCIPAL SIGNATURE	DATE