

SPARTA UNIT #140
REQUEST FOR FIELD TRIP
(Request is due two weeks prior to field trip date.)

Date of Request:		
Requester:		School:
Grade Level, Group or Organization (For example, Grade 5, Math Club, etc.):		Group or Organization Sponsor (if applicable):
Trip Destination:		Date of Trip:
School or Departure:		Return School:
Departure Time From School:		Return Time to School:
Number of Students:	Number of Chaperones:	Number of Busses Needed:
Substitute Needed (please check): Additional Information Regarding Substitute Teacher Needs (For example, two substitutes needed; a.m. only, etc. – <u>be specific</u>)		

ALL STUDENTS MUST HAVE A SIGNED PERMISSION SLIP PRIOR TO GOING ON THE FIELD TRIP.

Please attach a copy of the detailed permission slip to be sent to parents.

Signature of Requester

What is the purpose of the trip?

If the trip relates to the curriculum, specifically which Illinois Learning Standards will be addressed?

Please provide a list of all students who are not eligible for district transportation on a regular basis.

PAID BY DISTRICT

NOT PAID BY DISTRICT

Meets requirements for field trip requirement <input type="checkbox"/> <input type="checkbox"/> Yes No	Trip charged to:
School/Activity Account or Organization Name:	
Cost Charged Per Student:	

FOR ADMINISTRATIVE USE ONLY

Principal's Approval Date

Superintendent's Approval Date

APPENDIX 3A

SPARTA COMMUNITY UNIT DISTRICT NO. 140 FIELD TRIP PERMISSION FORM – SINGLE USE

We, the undersigned parent(s)/guardian(s) of:

Student's Name _____

do hereby give our permission for our child to go on a field trip to:

on [date(s)] _____

at (time of day) _____

If you have any special request to make concerning your child's participation in this field trip, you should convey your request in writing to the teacher in charge. If possible, such special requests will be honored. It is understood that the student must abide by the directions given by the instructor at all times.

Signature of Parent/Guardian _____

This field trip permission form must be signed by a parent/guardian and be on file with the principal before the student will be taken on the field trip.

Parents and students are reminded that the Building Student Handbook will apply during field trips.

APPENDIX 4

STUDENT FIELD TRIP
AUTHORIZATION TO CONSENT TO TREATMENT OF STUDENT

Student's Name _____
(Last) (First)

Home or Emergency Phone No. _____

Address _____

Family Doctor _____

We, the undersigned parent/guardian of the above mentioned student minor do hereby authorize the staff member of Sparta Community Unit District No. 140 supervising the activity concerned, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon on the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

Every effort will be made to contact parents or guardians to explain the nature of the problem prior to any involved treatment. This authorization shall remain effective until the end of the school year.

(Date) (Parent/Guardian)

Please list the name of any member of the immediate family that could be contact in case the parent/guardian cannot be reached.

NAME	PHONE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____