

FOREST AREA SCHOOL DISTRICT  
**FIELD TRIP REQUEST FORM**

(Revised 06/2021)

Requested by: \_\_\_\_\_ School \_\_\_\_\_

Date Submitted to Building Principal: \_\_\_\_\_

\*(Must be submitted two weeks prior to the next regular meeting of the School Board.)

Grade Level/Group/Club: \_\_\_\_\_

Field Trip To: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date(s) of Field Trip: \_\_\_\_\_

Estimated amount of classroom instructional time missed: \_\_\_\_\_

\*(Expressed either in class periods, hours, or days.)

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Travel distance (one way) to furthest destination listed on trip itinerary: \_\_\_\_\_

Teacher/Staff Sponsor(s): \_\_\_\_\_

Number & Names of Chaperones Participating: \_\_\_\_\_

Number of Students Participating: \_\_\_\_\_

Will there be handicapped students or adults participating in this field trip who require special transportation or accommodations: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If **Yes**, briefly describe the provisions, which have been made and indicate the building contact person who can provide additional information: \_\_\_\_\_

**\*A signed parental consent form and emergency medical form must be on file in the Principal's Office and carried by the advisor while traveling for each student attending the trip.**

Brief explanation of the purpose of this trip: \_\_\_\_\_

Please list the learning objectives to be accomplished: \_\_\_\_\_

**A trip itinerary should be attached to this request.**



(Revised 04/2017)

**FOREST AREA SCHOOL DISTRICT**  
**Bus Transportation Request Form**

East Forest Elementary School \_\_\_\_\_ West Forest Elementary \_\_\_\_\_  
East Forest High School \_\_\_\_\_ West Forest High School \_\_\_\_\_

**This form must be filled out and returned with field trip approval form for any field trip, curricular, or extra-curricular activities (includes interdistrict activities) that require bus transportation.**

**Date of request:** \_\_\_\_\_

**Date on which bus is needed:** \_\_\_\_\_

**Name of group:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Will there be any meal stops:** \_\_\_\_\_ **If so, where:** \_\_\_\_\_

**Number of students:** \_\_\_\_\_ **Number of chaperons:** \_\_\_\_\_

\_\_\_\_\_

**Time of departure:** \_\_\_\_\_ **Departing from:** \_\_\_\_\_

**Time of return:** \_\_\_\_\_ **Returning to:** \_\_\_\_\_

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**Office Use Only: Date bus garage was contacted:** \_\_\_\_\_

**Date bus transportation was confirmed:** \_\_\_\_\_

**STUDENT FORM**

(Revised 08/2012)

**Forest Area School District**

**Field Trip**

**Medical Emergency Form**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ Work or Emergency # \_\_\_\_\_

In case parents cannot be reached at either of the above numbers, contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Does your child have any health problem or physical limitation? ( ) No ( ) Yes If yes, please specify and explain treatment if necessary. \_\_\_\_\_

Does your child have any allergies? (Medicine, food or environmental) ( ) No ( ) Yes If yes, please specify and explain what treatment in necessary. \_\_\_\_\_

List any medication and dosage of that medication that your child takes: \_\_\_\_\_

**In order for any medication to be administered by personnel of the school district we must have on file a written physician's order and a parental consent form. The medication must be delivered in its original bottle. This policy is for prescription and non-prescription medicine.**

Date of last tetanus booster: \_\_\_\_\_

**Emergency Release:**

If emergency treatment is required and parents cannot be contacted, your signature in the space provided empowers the school personnel to exercise their judgment in calling the physician indicated, transporting the student to the nearest hospital emergency room, or calling an ambulance if deemed necessary. I hereby release the Forest Area School District from any liability as a result of this treatment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance Policy# \_\_\_\_\_