



# Southern Berkshire Regional School District

## OVER NIGHT FIELD TRIP

Teacher in Charge: \_\_\_\_\_ Principal: \_\_\_\_\_

Trip Location: \_\_\_\_\_ Grade Level of Students: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

Purpose of Trip:

- \_\_\_\_\_ Approach to a unit of work
- \_\_\_\_\_ Enrichment experience related to curriculum framework
- \_\_\_\_\_ Culminating activity to a unit
- \_\_\_\_\_ Research for unit
- \_\_\_\_\_ Enhancement of student learning in fine arts, world language
- \_\_\_\_\_ Athletic event

Objectives of Trip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Provide specific description of objectives and details.)

How will student learning be assessed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Itinerary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Overnight accommodations:

Facility: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

**(O V E R)**

**SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT  
FIELD TRIP PERMISSION FORM**

Transportation: \_\_\_\_\_

Meal Plan: \_\_\_\_\_

\_\_\_\_\_

Funding Source \_\_\_\_\_

Overnight trips are asked to provide 1 chaperone for every 6 students.

Names & phone #'s of chaperones:	CORI
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Attach additional sheet of paper, if necessary)

Emergency Contact (SBRSD Administrator): \_\_\_\_\_

(Parents' names and phone numbers are to be provided to the emergency contact to be used in case of an emergency.)

Number of students attending: \_\_\_\_\_

Names of student participants (listing to be attached to this slip)

.....

Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's approval: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

School Committee approval date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**MOUNT EVERETT**  
**OVER NIGHT FIELD TRIP PERMISSION SLIP**

Date of Field Trip \_\_\_\_\_ Destination \_\_\_\_\_

Address/Phone # \_\_\_\_\_

Sponsor of Field Trip \_\_\_\_\_

Department/Class/Group \_\_\_\_\_

Method of transportation \_\_\_\_\_ Cost of trip \_\_\_\_\_

Time of departure \_\_\_\_\_ Time of return \_\_\_\_\_

Upon arrival students may be picked up at \_\_\_\_\_

Over night field trips require a phone tree. If trip is to arrive much before or after estimated time, WSBS will be contacted to announce the new arrival time and phone tree will be activated

Student's name: \_\_\_\_\_ has my permission to participate in the \_\_\_\_\_  
\_\_\_\_\_ field trip on \_\_\_\_\_. I am aware of the details listed above.

\_\_\_\_\_  
Date Parent's/Guardian's Signature

Return this slip to \_\_\_\_\_ By \_\_\_\_\_

Does your son/daughter have an allergy/medical condition that we should be aware of? Please explain \_\_\_\_\_

Will your child need medication with him/her for this condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please contact Mrs. Kinna RN at 229-8734 ext 111. A written medication order must be obtained from physician along with written permission from a parent for ANY MEDICATION to be given.

Over night field trips: A copy of students insurance card must be accompany this permission slip.

## FIELD TRIP CHECKLIST

- \_\_\_\_\_ Principal approval (6 weeks in advance)
- \_\_\_\_\_ Superintendent approval (6 weeks in advance)
- \_\_\_\_\_ School Committee approval (4 weeks in advance)
- \_\_\_\_\_ Parents' permission slips (including date, time, place, transportation, dress info)
- \_\_\_\_\_ Approved date from master calendar coordinator
- \_\_\_\_\_ Submit bus request to Business Office for all but charter buses (charter buses can be arranged by the teacher)
- \_\_\_\_\_ Order bag lunches in advance (3 weeks notice)
- \_\_\_\_\_ Collect permission slips
- \_\_\_\_\_ Create participant list for attendance purposes
- \_\_\_\_\_ Copy list and leave permission slips in main office
- \_\_\_\_\_ Secure chaperones (1 chaperone to 6 students)
- \_\_\_\_\_ Provide chaperones