PLEASE COMPLETE AND GIVE TO YOUR SCHOOL NURSE WHEN YOU SET A DATE FOR ANY FIELD TRIP. ALSO PROVIDE YOUR NURSE WITH A LIST OF STUDENTS PARTICIPATING.

To: School Nurse

This is to inform you that ____________________________ (grade/class/organization) is planning a trip to ____________________________ on _______________ (month/day/year).

Departure time _______________ (am/pm)  Return time _______________ (am/pm)

A LIST OF PARTICIPATING STUDENTS SHOULD BE GIVEN TO THE SCHOOL NURSE AS MUCH IN ADVANCE OF THE TRIP AS POSSIBLE.

If this trip is a grade/class level event, the Nurse should be able to determine from the list of participating students if there are medical issues for whom medical assistance must be arranged.

If this is a club/organization trip with multiple grades or classrooms, the sponsor will be responsible for getting the list of the attending students to the school nurse in a timely manner so that the Nurse can determine if there are medical needs to be addressed and have time to make appropriate accommodations.

Teacher/Sponsor of trip ____________________________

Date ____________________________________________

Date received by School Nurse________________________