



TEACHER NOTIFICATION OF AN UPCOMING FIELD TRIP TO THE NURSE

Please complete this form and submit it to the school nurse **AT LEAST ONE (1) week BEFORE** the planned field trip

Date of Trip _____

Destination/Time _____

Teacher(s) : _____

Grade: _____

Mode of Transportation (Bus/Walking etc.) : _____

Special Medical Needs or Considerations: _____

Other Staff/Parents Going on Trip: _____

Emergency Bag needed: Yes _____ No _____

Other Pertinent Information: _____

Date Submitted to the Nurse: _____