



Field Trip Checklist

Have Everything?

- First-aid kit
- Container
- Cell phone
- Lunches
- Extra cash
- Event or Location tickets
- Permission Slips

Site Coordinator

Name _____ Phone _____

Office Location _____

Title / Role _____

Itinerary

8:00 _____	12:00 _____
8:30 _____	12:30 _____
9:00 _____	1:00 _____
9:30 _____	1:30 _____
10:00 _____	2:00 _____
10:30 _____	2:30 _____
11:00 _____	3:00 _____
11:30 _____	

Emergency Contact:

Contact 1

Name _____ Phone _____

Availability _____

Location _____ Title _____

Contact 2

Name _____ Phone _____

Availability _____

Location _____ Title _____

Medication Needs

Name _____ Med _____

Name _____ Med _____

Name _____ Med _____

Name _____ Med _____

Name _____ Med _____

Name _____ Med _____

Name _____ Med _____

Name _____ Med _____

Name _____ Med _____

Role Call

School Departure	Mid Day	Trip Departure	Student
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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School Departure	Mid Day	Trip Departure	Student
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Chaperones:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____