



PALMERTON AREA  
SCHOOL DISTRICT

## Field Trip Request Form

School: \_\_\_\_\_ Group or Grade Level: \_\_\_\_\_

Destination Name & Address: \_\_\_\_\_

How does this trip supplement/enrich your curriculum, classroom, club, etc.? (Attach additional sheets if necessary.)

\_\_\_\_\_

\_\_\_\_\_

Meals: If you are stopping for any meals, please provide the restaurant's name and address:

\_\_\_\_\_

Number of Students: \_\_\_\_\_ Number of Chaperones: \_\_\_\_\_ (Min. of 1 for every 10 students)

Chaperone Names: \_\_\_\_\_

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

Trip Times:

Time of departure from the school	
Estimated time of arrival at the destination	
Time of departure from the destination	
Estimated time of arrival at the school	

Funding Source(s): Please list the funding source (PTO, student/parent, building budget, club budget, etc.) for each area listed below. If not applicable, please put "n/a".

Transportation	
Tickets/Registration	
Meals	
Lodging	
Nurse	
Substitute teacher	
Other (please specify)	

### Employee Requesting the Trip

By signing below, I am confirming that I have read and agree to follow the guidelines, procedures, and policies indicated on the back side of this form.

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

### Approval

\_\_\_\_ Recommended for Approval

\_\_\_\_ Not Recommended for Approval

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_ Approved

\_\_\_\_ Not Approved

\_\_\_\_ Forwarded to the School Board

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date



## **Field Trip Reminders- Policies and Procedures**

1. All field trip forms must be submitted to the building principal at least one month in advance of the requested trip date. For trips that require school board approval, this form must be submitted to the building principal at least two months ahead of time.
2. Incomplete forms will be returned.
3. All PASD policies apply to field trips. This includes but is not limited to the following policies:
  - a. Policy #121- Field Trips
  - b. Policy #210- Administration of Medications/Emergency Care
  - c. Policy #806.1- Megan's Law
  - d. Policy #916- School Volunteers
4. All field trips require a signed "Parent/Guardian Authorization Form- Field Trip/Activity Participation" on file at the school.
5. Field trips should not be scheduled during the Keystone and/or PSSA testing window unless you have pre-approval from the building principal.
6. COVID mitigation strategies must be followed. Please ensure that you are aware of the COVID-related requirements that are in place at your destination. Students, employees, and chaperones are required to follow the COVID-related requirements at their chosen destination, which may include mandatory masking, social distancing, etc.
7. Payment/Down-Payments for tickets, registration, lodging, etc. should not be made unless and until the field trip is officially approved.
8. If there are any students who need medical, physical, etc. accommodations, please speak with the building principal and/or Special Education Supervisor before planning the trip. Please consider the needs of any IEP and/or 504 students as you plan your trip.
9. You are responsible for contacting the dining services department if bagged lunches are needed.
10. You are responsible for checking with your nurse or health room technician regarding medical issues and questions, medication distribution, and adherence to district medical policies (such as Policy #210).
11. This is not an exhaustive list of items to follow when planning a field trip. Please speak with your building administrator if you have questions or need additional information.



## Parent/Guardian Authorization Form Field Trip/Activity Participation

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Activity/Trip: \_\_\_\_\_

Location(s): \_\_\_\_\_

Date(s) of Activity/Trip: \_\_\_\_\_

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

Teacher/Advisor Name: \_\_\_\_\_

Expenses to Student: \_\_\_\_\_

### **Transportation:**

- \_\_\_\_\_ District transportation (bus or van) will be provided for this trip/activity.
- \_\_\_\_\_ PTO will provide a charter bus for this trip/activity.
- \_\_\_\_\_ District employee will provide transportation in his/her personal vehicle.  
Employee's full name: \_\_\_\_\_

### **Meal Information:**

- \_\_\_\_\_ A meal is not needed for this trip.
- \_\_\_\_\_ Students will need a lunch for this field trip. Please check one of the options below:
  - \_\_\_\_\_ My child will need to order a bagged lunch\* from the cafeteria  
\*Bagged lunch = cold sandwich, bag of carrots, sliced apples, & a bottle of water
  - \_\_\_\_\_ My child will bring a lunch from home (no glass containers/bottles please)

### **Emergency Contact Information:**

If there is an emergency and you (parent/guardian) cannot be reached, please indicate who should be contacted:

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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As a parent or legal guardian, I grant permission for my child (listed above) to participate in the trip/activity described above and accept responsibility for the associated transportation (listed above). The teachers or chaperones in charge are requested to authorize emergency medical care for my child while he/she is participating in this activity.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_