

## Tiffany Creek Elementary Field Trip Checklist

-Packet to Be Completed No Less Than **4** Weeks Prior To The Field Trip Date-

Field Trip Date \_\_\_\_\_ Location Visiting : \_\_\_\_\_

- Check calendar for date with Principal
  - Make Reservations (rain date if applicable)
- Complete **Field Trip PTO Transportation Funds Request** online form for prior approval
  - Found on District Webpage - Staff Access - Forms
    - A **signed** copy of approved funds will be emailed to you & office
- Complete **Field Trip Request Packet - TCE**
  - Complete **Transportation Request** online (District Webpage - Staff Access - Forms)
  - SPED Director will verify coverage for students needing adult support and get required signature
- Notify **Mrs. Stoveren** and get her signature for the first aid kit and student medications.
- Complete Bag Meal Packing Slip Request (**Scan to Mrs. Humpal**) and mark down date scanned in the signature line,
  - Get final lunch counts in 10 days prior to field trip date
- Give Milk Sheet with students checked that have ordered bag meals to **Mrs. Buss** (Label it field trip with the field trip date at the top)
- Collect Money, if applicable and turn into the office if a check is needed
- Complete pink activity form (if applicable) and submit to building principal
- Line up parent volunteers if needed
  - background checks** required for individuals that will be supervising students
- Notify Encore Teachers of absence
- Bring Coolers
- Bring Cell Phone, **student roster and parent contact information**

Reminders: **Submit entire packet to building principal when completed,**

## **Boyceville Community Schools Field Trip Request Form**

Date(s) of trip: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Cell Phone # for Teacher(s) on Trip: \_\_\_\_\_

Class/grade level/subject area: \_\_\_\_\_

Destination: \_\_\_\_\_

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

Approximate number of students: \_\_\_\_\_ Number of chaperones: \_\_\_\_\_

Method of transportation:

Walking

Van

Bus

Number of buses: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

(see & attach **PTO Transportation Funds Request** form)

**Special Transportation Requests** (wheelchair lift, bus driver, additional personnel to support children):

**List of Students with Medical Concerns:**

**Instructional objectives of this trip** (attach additional sheet if necessary):

**Description of activities** (ex: itinerary, overnight activities, etc.) attach additional sheet if necessary:

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Sp. Ed.: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

## Field Trip Log of Student Medication Administration

Student	Med	Reason	Date	Time Ordered	Time Given	Initials

Signatures:

Initials: \_\_\_\_\_ Name: \_\_\_\_\_

Initials: \_\_\_\_\_ Name: \_\_\_\_\_

Initials: \_\_\_\_\_ Name: \_\_\_\_\_

Initials: \_\_\_\_\_ Name: \_\_\_\_\_

Please return this form and any unused meds to the health office.

## FIELD TRIP BAG LUNCH ORDER FORM

Date of Request: \_\_\_\_\_ School: \_\_\_\_\_

Person(s) Placing Request: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Field Trip/Event: \_\_\_\_\_

Sandwich Choices:	# of Students	# of Adults	Total
Deli Meat & Cheese:	_____	_____	_____
PB&J Uncrustable:	_____	_____	_____
<b>Total of all bagged lunches:</b>			_____

Milk Choices:	# Needed for Lunch	# Needed Milk Break	Total
White, 1%	_____	_____	_____
Chocolate, Skim	_____	_____	_____

**\*\*\* Please note any allergies! (ex: Lactose, Gluten, etc....)**

\*All bag lunches will include: Sandwich, Fruit, Chips, Veggies/Dip, and Milk.

\*All requests must be made at least **10 days** in advance to allow for ordering of product.

**Please observe the following procedures:**

\*All bag meals and milk must be stored in insulated containers, serve as soon as possible.

\*Do not serve food items that have been left out of the insulated containers for more than two hours.

\*Discard leftover bag meals in appropriate receptacles.

**Instructions for reporting reimbursable student lunches:**

List students who receive a reimbursable meal on the attached form, entitled "Students Receiving Reimbursable Meals". These names must be recorded at the time of meal service.

Please contact Teddi Humpal for questions or concerns regarding the bag meals.

[teddih@boyceville.k12.wi.us](mailto:teddih@boyceville.k12.wi.us) or at ext. 442.

## List of Students Receiving Reimbursable Meals

Name of School: \_\_\_\_\_

Class/Group: \_\_\_\_\_

Date of Trip/Event: \_\_\_\_\_

Meal Type (circle the one that applies)      Breakfast      Lunch

List those students who received reimbursable bag meals. To obtain accurate participation data, record this information when the meals are distributed to the students.

1.	21.
2.	22.
3.	23.
4.	24.
5.	25.
6.	26.
7.	27.
8.	28.
9.	29.
10.	30.
11.	31.
12.	32.
13.	33.
14.	34.
15.	35.
16.	36.
17.	37.
18.	38.
19.	39.
20.	40.

**RETURN THE SIGNED PACKING SLIP AND LIST OF STUDENTS  
RECEIVING REIMBURSABLE MEALS TO TERALYN BUSS**