

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT

CHECK-OFF LIST FOR FIELD TRIP

Name / Destination of Field Trip Event _____

Date(s) of Field Trip _____

Teacher Sponsor Name _____

1. Orientation Meeting: Yes No

2. Transportation Arrangements:
 School Employees Volunteers
 Other, Explain: _____

3. Administrative Approval: Yes No

4. Board Approval (if necessary): Yes Not necessary

5. Parent Permission: Yes No

6. Medical Emergency Instructions for Each Student: Yes No

7. Field Trip First Aid Kits: Yes No

8. First Aid:
Teacher Sponsor's Name: _____
Other First Aid Provider: _____

9. Chaperones:

Name	Address	Phone	Chaperone Guidelines Completed
1.			
2.			
3.			
4.			

10. Local Emergency Telephone Numbers. Complete Below:

Destination: _____	Nearest Hospital: _____
Ranger: _____	Fire Department: _____
Highway Patrol: _____	Other: _____