993Q Pre-Trip Checklist

Class:_____ **Teacher:**_____

Date of Trip:_____ **Destination:**_____

Check all that apply:

Admin	Student Information	Class Information
Lunches:	Signed permission slips:	First Aid Kit:
Bus Company:	Student ID:	Hygiene Items:
Bus #:	Emergency Cards:	Public Trans.
Bus Phone #:	Photo Permission:	

STUDENT NAME	STAFF MEMBER ASSIGNED	STAFF MEMBER SIGNATURE	SPECIAL COMMENTS/INSTRUCTIONS

Nurse Attending Trip: Y or N

Teacher Signature/Phone Number : _____

Copy to Office:_____