



FORM C

FIELD TRIP PROPOSAL/ITINERARY (FTI)

SCHOOL:

DATE OF TRIP:

DESTINATION:

ITINERARY:

STUDENT/CHAPERONE SUPERVISION RATIO (shall be no more than 10:1):

MEDICAL EMERGENCY PLANS:

Nearest Hospital:

EMERGENCY PLAN:

1. Plan with school nurse
2. Render first aid for minor injuries
3. Call 911
4. Notify parent/guardian
5. Contact school
6. Provide written notice upon return via Incident Report form

HAZARDOUS ACTIVITY (Explain safety procedures and precautions to be taken to assure safety of students): *(Ex: All students will wear identifying clothing. Students will be counted each time the group moves from place to place and periodically throughout the day. All students will have a "buddy" and will be placed with a chaperone. Students will never travel (to restroom, etc.) from place to place unattended (without chaperones).*

LIST OF STUDENT NAMES (use additional paper if necessary):