



Folsom Cordova Unified School District Day Field Trip Request Form

(Must be submitted to the school Administrator 10 school days prior to any field trip per BP 6153)

Staff Names	Staff Volunteer Status								Date of Trip: Departure Time: Return Time: Number of Students: (Submit student roster with form) Number of Adults:
	Medication Administration Rx or OTC		Epi-Pen		Emergency Seizure Medication		Emergency Diabetes Medication		
	Yes	No	Yes	No	Yes	No	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Destination: _____

Representative/ Contact Name: _____

Phone: _____

Type of Field Trip: (Select one)

- Required** No student will be excluded for inability to cover cost of trip
- Enrichment** Cost of transportation/admission may be requested from student
- Extra-Curricular**- Cost of Recreation/transportation/ admission may be requested from student

Linkage to Curriculum (The number of State Standards addressed: _____

Objective of Trip: _____

Please obtain the following information from your school Health Office two (2) weeks prior to the field trip: attach health documentation to the request form

- One or more students have prescription/over-the-counter medication(s) in the health office
- One or more students have health care plans on file related to diabetes/seizures/anaphylaxis
- One or more students have specialized healthcare procedures (requires licensed personnel)

Field Trip Funded by: _____ **Cost to each student:** \$ _____

Site Funds Parent donation Other **Total Cost of Trip:** \$ _____

If FCUSD personnel listed above are unwilling to volunteer, the Principal designee is: _____

Principal Signature: _____ **Date** _____