

# Huntsville City Schools – Student Trip/Event Authorization Form

School: \_\_\_\_\_ Teacher/Sponsor: \_\_\_\_\_ Grade: \_\_\_\_\_

**\*IMPORTANT NOTE: If multiple trips attach schedule.**

\*Trip/Event Name: \_\_\_\_\_ \*Trip/Event Location: \_\_\_\_\_ \*Trip/Event Date: \_\_\_\_\_  
City State

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

Standard Addressed: \_\_\_\_\_

Number Of Students Attending: \_\_\_\_\_ Cost per Student: \_\_\_\_\_

Number of Teachers/Chaperones attending (Recommended: 1 chaperone per 10 students): \_\_\_\_\_

Funding Source:  Federal Funds  Principal's Books  Other: \_\_\_\_\_

• **Teacher/Sponsor** has requested # \_\_\_\_\_ box lunches from Cafeteria Manager.....  YES  NO  N/A

○ Transportation:  Bus  Car Number of buses required: \_\_\_\_\_ GL# \_\_\_\_\_

If multiple buses are required, will all buses have the same daily trip itinerary?  YES  NO  N/A

Name of employee requesting buses: \_\_\_\_\_ Date Requested: \_\_\_\_\_

○ List of all participating students (Student Trip Roster: may be generated from I-Now) given to School Nurse 4 weeks prior to departure for review.....  YES  NO  N/A

• **Nurse** will list name(s) of participating student(s) with mandated or special medical needs requiring medical procedures who can only be provided by a parent/guardian or licensed nurse.

Name of student(s): \_\_\_\_\_

YES  NO Medication Assistant required Name: \_\_\_\_\_

YES  NO Nurse required Explain: \_\_\_\_\_

YES  NO On-Site Nurse will attend Name: \_\_\_\_\_

YES  NO Contract Nurse will attend trip. (If "YES", attach contract and email HCS Staffing Nurse)

YES  NO Attached Contract completed with GL# & Principals signature: \_\_\_\_\_

YES  NO Parent/Guardian of student with special medical need will attend trip: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

YES  NO Copy of attached schedule has been provided to Parent/Guardian (if group is to make multiple trips).

• **Principal** Student Trip/Event Authorization Form sign and dated .....  YES  NO  N/A

• **Principal** Contract for Medical Services (if applicable) with provide GL#.....  YES  NO  N/A

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Teacher/Sponsor)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Cafeteria Manager - only if lunch required)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(School Nurse)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director of Instruction)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Superintendent or Designee for trips out of state or out of the country)

**Checklist: Initial in box at left when completed**

- Teacher/Sponsor and Nurse will meet together to verify and document the names of each student leaving on the field trip. (Medications for any last-minute student cancellations **must** be left at the school.)
- Teacher/Sponsor will provide a copy of the Student Trip Roster, Parent/Guardian permission Forms ,Parent /Guardian Emergency contact information and any other required documents to the front office on the day of the trip.
- Teacher/Sponsor will provide a list of chaperones and contact information for chaperones to front office on the day of the trip.
- Teacher/Sponsor will provide bus number(s) /license number(s) \_\_\_\_\_