



CRAIG HIGH SCHOOL FIELD-TRIP  
PARENTAL PERMISSION FORM

\* Please return permission forms to Mrs Kane (Rm. 125) by Tues. 3/26!!

The following information is to be provided prior to the student's participation in the field trip. Failure to submit this completed form will mean that the student may not take part in the field trip. He/she will be given an alternate activity instead.

STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

FIELD TRIP DATE Thursday April 11, 2019 TEACHER Mrs. Kane

DESTINATION UW-Madison Campus Tour (9th grade TAG)  
(bus will leave @ 8:45 am)

1. If emergency medical attention is necessary, I agree to allow my son/daughter to be taken to a medical facility where medical attention can be rendered as deemed necessary by the attending physician.
2. Please fill out the following sections where appropriate:

MEDICATIONS \_\_\_\_\_

ALLERGIC REACTIONS \_\_\_\_\_

STUDENT'S PHYSICIAN \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER \_\_\_\_\_

I hereby give my permission, with the above conditions and information in mind, for my son/daughter to participate in the above-mentioned field trip.

\_\_\_\_\_  
(Parent/guardian signature)

NOTE: Field trip supervisors will be in possession of a set of these completed forms for the students they are supervising.

Main Office to order bus Yes No  
 Bus Order to Main Office Yes No  
 Mtg. Attd. Form to Main Ofc Yes No  
 THIS form to NURSE w/list of students. Nurse will deliver to Main Office for Bjojn's signature

School District of Janesville  
**FIELD TRIP REQUEST FORM**

Name of Head Teacher/Club Advisor (Trip Leader): Maria Kane Date form completed: 2/5/19  
 Sub needed:  No  Yes ( All day /  Half day)

Field Trip Request Form must be submitted to Building Principal at least two weeks prior to trip.

Elementary only: Student/adult chaperone ratio must be no greater than 10 to 1.

High School only: If trip is a community service, school sponsored and school supervised activity, complete the "School Sponsored Community Activities" form.

\*Extended, Over-night Field Trips out of the State of Wisconsin must go through the SAC approval process per Board Policy 6730. Please see Extended Field Trip Procedures (Overnight or International Trip) for complete instructions.

**TRIP INFORMATION**

School: Craig High School Grade(s)/Group: 9th grade TAG Check one:  Class  Club  
 Field trip to\*: UW-Madison City / State: Janesville, WI

For Overnight/International trips, a SAC proposal must be submitted and approved. Date of SAC approval:     

How does this field trip extend, supplement or enhance your instructional program?     

9th grade TAG UW-Madison walking tour & informational session to prepare students for optional post-secondary

Departure date: Thur. April 11, 2019 Departure time: 8:45 am

Return date: Thur. April 11, 2019 Return time: 1:00 pm

Transportation provided by: Van Alder Bus

Number of students participating:      Cost per student:     

Number of adults participating: 2 Number of adult non-staff participating:     

If more than one teacher is participating, list each teacher's name:

Rebecca Bylan

**MEAL PLANNING (If needed)**

Please notify Food & Nutrition Services at least six (6) working days prior to the field period (Notice of Absence from Lunch Form).

Food & Nutrition Services requires at least six (6) working days for a field trip lunch. Field Trip Lunch Order Form and Notice of Absence from Lunch Form are found in Handbook.

Have meal arrangements been made through Food & Nutrition S     

9:30-11 walking tour  
11-12 lunch  
leave @ 12:30

**HEALTH INFORMATION (Required)**

OBT

For trips to rural areas, identify the nearest hospital or emergency help.     

If there are students who are listed on the Confidential Health List participating,

Yes  No

Have arrangements been made for children requiring medication?  Yes  No

Medications must be picked up in the office the day of the trip. Upon share the med log with the health aide/designee to enter into Infinite students other than their own.

The nurse's signature below indicates that the nurse and Trip Leader have reviewed the determine which students will need scheduled and emergency medications on the field trip, and that emergency medication taken place.

School Nurse Signature:      Date:     

**APPROVAL**

Building Principal      Date       
 Sub approved:  Yes  No PRINCIPAL INITIAL:     

Director of Admin/Human Services \*      Date     

\*Required only if field trip is out of Rock, Dane, Walworth or Waukesha Counties.

MEETING ATTENDANCE REQUEST FORM

64453

SCHOOL DISTRICT OF JANESVILLE

Check Appropriate Boxes:

SHORT TERM MEETING 3 days or less
LONG TERM MEETING 4+ days
ATHLETIC MEETING

OUT OF DISTRICT MEETING
IN DISTRICT MEETING

Today's Date: 2/5/19

FORM MUST BE SENT INTACT TO SUPERVISOR

Meeting Information:

Meeting: 4th grade TAG UW - campus tour
Location: Madison, WI
Date/Time: 8:30-12:30

Participant Information:

Name: Maria Kane
Address: 401 S. Randall Ave
School: Craig HS
Subject/Grade Level: art 1-12

Rationale: (Attach information, if applicable)

4th grade TAG UW - madison walking tour & informational session to prepare students for options post-secondary

Table with columns: Expenses to be reimbursed, Requested, Approved, Transportation Information. Rows include Registration, Travel, Lodging, Meals, Other Costs, and Totals.

Participant Signature:

Maria Kane (handwritten signature)

Account Code(s) # \$ # \$

Principal Approval Yes No Supervisor Approval Yes No Coordinator/Athletic Director Approval (if applicable) Yes No

Principal Signature: Date:

Supervisor Signature: Date:

Coordinator/Athletic Director Signature (if applicable): Date:

Comments:

Substitute Teacher Needed: X Yes No

(Check appropriate times) M T W X T F All Day Half Day (a.m./p.m.) Hours

Substitute Teacher Account Code # TAG (Amy Sheridan)

Approved by:

Comments:

BUS ORDER FORM  
FIELD TRIP REQUIREMENTS

\*BUS ORDERING FORM \*FIELD TRIP REQUEST FORM \*MEETING ATTENDANCE FORM

\*\*\*The following information is what we require to reserve a bus, please book your trips at least 2 weeks in advance.

Date of field trip: Thursday April 11, 2019

Contact person:	Staff Member: <u>Maria Kane</u>
Phone number:	<u>743-5210</u>
School:	<u>Craig</u>
Grade: <u>All 9th</u>	Loading Door # <u>1</u> Door: <u>(front entrance)</u>
Destination:	<u>UW-Madison (Union South)</u> <u>1308 W. Dayton Street, Madison</u>
Pick up time:	<u>8:40</u>
Drop off time:	<u>1:00 (leave madison)</u> <u>@ 12:30</u>

Equipment	# of buses:
<u>48/72 passenger bus (no seatbelts)</u> The bus holds 48 (2) to a seat/72 (3) to a seat 3 passengers to a seat 2nd grade and under only (unless in town)	<u>1</u> #Buses ___ #Students ___ # Staff
<u>46/69 (with seatbelts)</u> The bus holds 46 (2) to a seat/69 (3) to a seat 3 passengers to a seat 2nd grade and under only (unless in town)	
<u>Wheel chair school bus</u> Please list how many w/c and ambulatory passengers will be riding.	
<u>56 passenger coach bus</u>	

Bring this form to the Main office.

Date emailed VanGalder: \_\_\_\_\_

Contact Person : \_\_\_\_\_

Cost: \_\_\_\_\_