

# Huntsville City Schools – Student Trip Authorization Form

## SECTION I:

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

● Destination: \_\_\_\_\_

Purpose: \_\_\_\_\_

Education benefits: \_\_\_\_\_

Required field trip

Non Required field trip

Funding Source: Federal funds      Principal's books      Other: \_\_\_\_\_

● Trip date(s): \_\_\_\_\_ ● Departure time: \_\_\_\_\_ ● Return time: \_\_\_\_\_

Type of Transportation: \_\_\_\_\_ Number of buses required: \_\_\_\_\_ GL# \_\_\_\_\_

Number of students attending: \_\_\_\_\_ Cost per each student: \_\_\_\_\_

Number of teachers/chaperones attending (1 chaperone per 10 students): \_\_\_\_\_

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

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal)

## SECTION II.....Circle One

\*Cafeteria Manager request \_\_\_\_\_ (number) of box lunches for students/faculty ..... YES NO NA

List of all participating students has been submitted to school nurse or medication assistant  
four weeks prior to departure for review ..... YES NO NA

● List of participating student(s) with mandated or special medical needs requiring health  
procedures that only can be provided by parent/guardian or Licensed Nurse:

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

● On-Site Nurse will attend field trip: ..... YES NO NA

● Licensed Nurse Contract form (105-12P) Appendix E, is required and copy attached..... YES NO NA

● Medication Assistant(s) or Licensed Nurse(s) responsible for administration of medication on trip:

NAME(S): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\*(Cafeteria Manager) Only if Lunch required

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Teacher/Sponsor Requesting Authorization / Principal )

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Superintendent or Designee)

### On the day of the trip:

- Teacher/Supervisor will take the attendance sheet and also make a copy for front office on the day of trip.
- On attendance sheet, list name/phone numbers of chaperones, bus number(s), bus license number(s).
- Teacher/Supervisor takes the parent permission form (105-12P Appendix C or F) and will make copies for front office.