



Spokane County Head Start/ECEAP/EHS FIELD TRIP PLANNING SHEET

The form is to be completed and approved by the Center Manager (CM) three (3) weeks prior to a scheduled field trip. The CM is responsible for submitting this plan to the office support staff for processing two (2) weeks prior to the scheduled field trip.

Site/Room(s): _____ Teacher(s): _____

Destination (event and location) _____

Address: _____

Phone: _____ Contact Person: _____

Date of Trip: _____ Cost (if any): _____

AFTER FIELD TRIP IS COMPLETED, ATTACH [PARENT PERMISSION SLIPS](#) TO FORM.

<input type="checkbox"/> Contracted Bus Driver requested: _____ <input type="checkbox"/> STA Bus Route Information: _____ _____ Does power inverter need to be requested: Yes <input type="checkbox"/> No <input type="checkbox"/> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 25%;">Field Trip Hours*</th> <th style="width: 10%;"></th> <th colspan="2" style="width: 50%;">No. Passengers</th> </tr> <tr> <th></th> <th></th> <th></th> <th style="width: 25%;">Child</th> <th style="width: 25%;">Adult</th> </tr> </thead> <tbody> <tr> <td>AM</td> <td>_____ to _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>PM</td> <td>_____ to _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>All Day</td> <td>_____ to _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> Notes: _____ _____ _____ <i>*Bus will be scheduled to arrive at center ten (10) minutes before departure time, unless otherwise specified.</i>		Field Trip Hours*		No. Passengers					Child	Adult	AM	_____ to _____	_____	_____	_____	PM	_____ to _____	_____	_____	_____	All Day	_____ to _____	_____	_____	_____	<p style="text-align: center;"><u>MEALS/SNACKS NEEDED TO GO:</u></p> <input type="checkbox"/> Breakfast <input type="checkbox"/> First Lunch <input type="checkbox"/> Second Lunch <input type="checkbox"/> PM Snack Number of Preschoolers: _____ Number of Adults: _____ MENU: (Completed by Cook)
	Field Trip Hours*		No. Passengers																							
			Child	Adult																						
AM	_____ to _____	_____	_____	_____																						
PM	_____ to _____	_____	_____	_____																						
All Day	_____ to _____	_____	_____	_____																						

KITCHEN PREPARATION: (Completed by Cook) <input type="checkbox"/> Special diet needs? _____ <table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Ice Chests</td> <td style="width: 33%;"><input type="checkbox"/> Ice</td> <td style="width: 33%;"><input type="checkbox"/> Insulated Jugs for Juice or Milk</td> </tr> <tr> <td><input type="checkbox"/> Paper goods/Plastic Utensils</td> <td></td> <td><input type="checkbox"/> Serving Gloves</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table> _____ _____	<input type="checkbox"/> Ice Chests	<input type="checkbox"/> Ice	<input type="checkbox"/> Insulated Jugs for Juice or Milk	<input type="checkbox"/> Paper goods/Plastic Utensils		<input type="checkbox"/> Serving Gloves	<input type="checkbox"/> Other: _____		
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<input type="checkbox"/> Paper goods/Plastic Utensils		<input type="checkbox"/> Serving Gloves							
<input type="checkbox"/> Other: _____									

Utilize *Field Trip Planner* form for organizing field trip

OFFICE USE ONLY

Date ordered: _____ Object Code: _____

Approved (CM): _____ Date: _____