



# Academic Field Trip Participant List

Field Trip Information			
Department:		College:	
Field Trip Description:		Field Trip Location:	
Begins on (date/time):		Ends on (date/time):	
Faculty/Staff Emergency Contact Name:		Faculty/Staff Emergency Contact Telephone No:	

Field Trip Participant List					
Participant Name:	In Case of Emergency Contact (Name/Relationship to Participant)	Emergency Email Address	Emergency Phone Number	Faculty/Staff to complete this section at the	
				Is participant listed present at Field Trip Site?	
				YES	NO
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					

**Field Trip Participant List (Cont.)**

Participant Name:	In Case of Emergency Contact (Name/Relationship to Participant)	Emergency Email Address	Emergency Phone Number	Faculty/Staff to complete this section at the Field Trip Site	
				Is participant listed present at Field Trip Site?	
20.				YES	NO
21.				YES	NO
22.				YES	NO
23.				YES	NO
24.				YES	NO
25.				YES	NO
26.				YES	NO
27.				YES	NO
28.				YES	NO
29.				YES	NO
30.				YES	NO
31.				YES	NO
32.				YES	NO
33.				YES	NO
34.				YES	NO
35.				YES	NO
36.				YES	NO
37.				YES	NO
38.				YES	NO
39.				YES	NO
40.				YES	NO

**Completed By:**

Signature:		Date:	
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Attach additional pages as needed. To be retained in the academic department for two years following completion of the field trip.