

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)	Phone Number	Faculty/Staff to complete this section at the Field Trip Site	
			Is participant listed present at Field Trip Site?	
1.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
7.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
8.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
11.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
12.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
13.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
14.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
15.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
16.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
17.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
18.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
19.			YES <input type="checkbox"/>	NO <input type="checkbox"/>

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

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

**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.

Jan. 2010