

Trip date: _____
Destination: _____
Destination telephone #: _____
Group taking trip: _____

OES DAY TRIP FORM

(This completed form must be submitted to and approved by your divisional office prior to your departure.)

Check as completed and fill in applicable blanks.

1. ___ Verbal OK from division head?
2. ___ Calendar conflicts checked (specifically: time, date and location)?
3. ___ Notified faculty via e-mail of students who will miss class and checked for conflicts?

TRIP

Purpose of trip: _____

Trip leader: _____

Other faculty on trip: _____

Other adults on trip: _____

Number of students on trip: _____ (ATTACH ROSTER)

**Recommended adult to student ratios for most day trips
(Lower School: 2 to 18; Middle School: 1 to 10; Upper School: 1 to 15)**

Departure time: _____ Return time: _____

TRANSPORTATION

1. ___ Transportation form submitted to transportation administrative assistant (x162)?
2. ___ Private cars used? (If so, whose?) _____

Reminder: Anyone who will drive students must be certified by the school

EMERGENCY

1. ___ Do you have a copy of each participant's emergency information packet?
2. ___ Have you arranged to pick up a first aid kit and any emergency medications for students on the trip?
3. ___ If the trip extends beyond school hours, have you contacted all parents by e-mail or letter and received e-mail confirmation from them that they understand where their child is going and when and where s/he will need to be dropped off and/ or picked up?
4. ___ What is the number of the cell phone that you will be carrying? _____
5. ___ On the back of this form, please circle the hospital or emergency facility closest to your destination or, if not listed, write in the name, address and phone number below:

FINANCES

1. ___ Requested a check for expenses? Account number? _____
2. ___ Submitted a request to the business office to charge students' accounts for this trip?
3. ___ Submitted a food request or notified kitchen of students' absence?

Trip leader's signature: _____ Date: _____

Division head's signature: _____ Date: _____

Please notify your division office or the receptionist of any changes to your roster prior to your departure.

Portland Area Hospital Information

Please remember that if you have any doubt about the severity of any injury, call 911 !

Adventist Medical Center
10123 SE Market St
Portland, OR 97216
(503) 257-2500

Doernbecher Hospital/OHSU
3181 SW Sam Jackson Park Rd
Portland, OR 97239
(503) 494-7551

Eastmoreland Hospital
2900 SE Steele St
Portland, OR 97202
(503) 234-0411

Kaiser Sunnyside Medical Center
10180 SE Sunnyside Rd
Clackamas, OR 97015
(503) 652-2880

Legacy Emanuel Hospital
2801 N Gatenbein Ave
Portland, OR 97227
(503) 413-2200

Legacy Good Samaritan Hospital
1015 NW 22nd Ave
Portland, OR 97210
(503) 413-7711

Legacy Meridian Park Hospital
19300 SW 65th Ave
Tualatin, OR 97062
(503) 692-1212

OHSU
3181 SW Sam Jackson Park Rd
Portland, OR 97239
(503) 494-8311

Providence Portland Medical Center
4805 NE Glisan St
Portland, OR 97213
(503) 215-1111

Providence St. Vincent Hospital
9205 SW Barnes Rd
Portland, OR 97225
(503) 216-1234

Tuality Healthcare
335 SE 8th
Hillsboro, OR
(503) 681-1111

Tuality Healthcare
1809 Maple Street
Forest Grove, OR
(503) 357-2173

Willamette Valley Medical Center
2700 SE Stratus Ave.
McMinnville, OR 97128
(503) 472-6131

St. John's Medical Center
1615 Delaware St
Vancouver, WA 98632
(360) 414-2000

SW Washington Medical Center
400 NE Mother Joseph Place
Vancouver, WA
(360) 256-2000