

# OES OVERNIGHT TRIP FORM

(June 2010)

Trip title: \_\_\_\_\_

Trip dates: \_\_\_\_\_

*Note to trip leaders: Please submit two copies of this completed form and all supporting documents to your Division Head one week before the trip. Keep a copy for yourself to take along.*

## CHECKLIST

Before you take an overnight trip, you need to do the following. Please check off as completed and fill in the applicable blanks.

1. \_\_\_ Verbal OK from Division Head?
2. \_\_\_ Calendar conflicts checked?
3. \_\_\_ Checked with faculty for conflicts?
4. \_\_\_ Picked up a copy of the Emergency Information Form and Over-the-Counter Medications Form for each student and reviewed them for medical issues?
5. \_\_\_ Secured a signed Trip Permission and Agreement Form for each student and reviewed for medical concerns?
6. \_\_\_ Contacted the nurse about medical issues for students on the trip?
7. \_\_\_ Arranged to pick up a first aid kit from \_\_\_ the nurse or \_\_\_ Basecamp? (Check one)
8. \_\_\_ Procured a cell phone? Phone number: \_\_\_\_\_
9. \_\_\_ Submitted a transportation request form and had it approved by the transportation department? (if applicable)
10. \_\_\_ Confirmed that drivers are on the approved list?
11. \_\_\_ Ascertained whether you will use private cars? (If so, whose?) \_\_\_\_\_ (model & color) \_\_\_\_\_
12. \_\_\_ Notified parents by letter/e-mail? (Attach copy.)
13. \_\_\_ Scheduled a parent meeting? Date, time, place? \_\_\_\_\_  
(Recommended for trips of more than 2 days)
14. \_\_\_ Submitted a food request form to the kitchen or asked for reimbursement for missed meals?
15. \_\_\_ Requested a check to cover cash expenses (e.g. admission fees)? Account #: \_\_\_\_\_
16. \_\_\_ Completed additional forms and procedures for international trips (if applicable – please attach)

## GENERAL TRIP INFORMATION

17. Group taking trip: \_\_\_\_\_
18. Trip leader: \_\_\_\_\_ Other adults on trip: \_\_\_\_\_
19. Number of students: \_\_\_\_\_ (**attach roster/class list**) \*\*A final roster of students must be turned in to the Division Office or the receptionist immediately prior to departure.\*\*
20. Destination (**attach itinerary**): \_\_\_\_\_
21. Purpose of trip: \_\_\_\_\_

22. Date and time of departure from OES: \_\_\_\_\_

23. Date and time of return to OES: \_\_\_\_\_

24. Please describe the physical activities required at destination: \_\_\_\_\_

25. Will you have an emergency vehicle? If so, please describe the vehicle(s) and location(s):

## COMMUNICATION & EMERGENCIES

26. Name, address and phone number of facility where you will be. (For wilderness trips, please list the name of the wilderness area, entry and exit points, and the address for the land management agency.)

27. Cell phone numbers of other adults on trip: \_\_\_\_\_

28. Name and phone number of any person or organization (other than OES) who will be aware of your itinerary and whom you will contact, or we may contact, in case of an emergency: (For overseas trips, please include the US consulate or embassy address, phone number and fax):

*In case of emergency, please call the school (503-246-7771) between 8a.m. and 6p.m. After school hours, please contact the Director of Safety at (503)-784-9595 or the school answering service (503)-499-5880.*

30 Name, address and phone number of nearest hospital or emergency medical facility:

31 \_\_\_\_\_ Attachments (parent letters, equipment list, roster, itinerary, other travel information)

Trip leader's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Head's signature: \_\_\_\_\_ Date: \_\_\_\_\_

***TRIP LEADERS: REMEMBER TO TAKE A COPY OF THIS FORM WITH YOU ON YOUR TRIP!***