

Western Nevada College

REQUEST FOR ACTIVITY/FIELD TRIP APPROVAL

Date of Request: _____

Instructor: _____

Name of Class: _____

Sec. No.: _____

Date(s) of field trip:

Time of Departure: _____

Time of Return: _____

Place and address of visitation/itinerary: _____

Size and make up of group:

of men: _____ # of women: _____ # of children: _____

Have parental consent forms been signed for children under 18 years of age? ___yes ___no

Educational value / purpose of field trip: _____

For the student, is this field trip ___required ___optional?

If handicapped students are members of this class, have their special needs been provided for so they can participate ___yes ___no

If a camping, hiking or similar activity, what special safety precautions have been provided (e.g., snake-bite kits, first-aid kits, etc.)?

If food and lodging arrangements are required, please give details:

If public transportation is used, how many buses? _____ Cost: \$ _____

Name of carrier: _____

Has a purchase order been submitted? ___yes ___no

If state vehicles are to be used, has each driver completed defensive driving course? ___yes ___no

Have all participating adult students signed liability waiver forms?

 ___yes ___no

Are expenses to be paid by students? ___yes ___no

Per Diem requested for instructor? ___yes ___no

Mileage requested for instructor? ___yes ___no

Mileage requested for private car drivers? ___yes ___no

Date approved: ___/___/___

By: _____ Title: _____ Date: ___/___/___
 Instructor/Professor

By: _____ Title: _____ Date: ___/___/___
 Immediate Supervisor

By: _____ Title: _____ Date: ___/___/___
 Division Chair/Dept. head

By: _____ Title: _____ Date: ___/___/___
 WNC V.P.