

Belpre City Schools
Overnight Athletic Trip Request

This section to be completed by the coach/staff member in charge:

Coach: _____ Sport: _____

Destination: _____

Departure Date/Time: _____ Return Date/Time: _____

Purpose of Trip: _____

Means of Transportation: _____

****** If a bus/van is needed, please fill out Request for School Bus Transportation**

******Staff member in charge will have a completed Emergency Medical Form, Parent Consent Form, and Overnight Athletic Trip Behavior Form for each student on the trip.**

Signature Date

This section to be completed by the Athletic Director:

Trip Approval: _____
Signature Date

Trip Disapproved: _____
Signature Date

Funded by: Boosters BOE Other: Please specify: _____

This section to be completed by the Superintendent:

Trip Approval: _____ Bus/Van Approval: Yes No
Signature Date

Trip Disapproved: _____
Signature Date

Funding Approved: Yes No

Belpre City Schools
Parent Consent for Trip

I, _____, permit my child,
Parent Name

_____ to participate in the trip to
Student Name

Event

- I understand that this trip is part of the District's educational program and provides a learning experience of educational value to my child.
- I further understand that the staff member(s) who will accompany the students on this trip will exercise the necessary and appropriate duty of care for them pursuant to Board Policy 3213, including, but not limited to administering medication, if required, or seeking emergency medical attention, if need be.

Parent Signature

Date