QUESTAR III FIELD TRIP ROSTER

Attach additional sheets if necessary.

QIII Site:	Teacher:
Destination:	Field Trip Date:
Departure Time:	Expected Return Time:
Bus Company:	Bus Company phone:
Staff Contact 1:	Contact 1 Cell Phone #
Staff Contact 2:	Contact 2 Cell Phone #

Please use full names.

Participating Staff / Chaperones (Indicate teacher, TA, chaperone, or other position)				

List Students Expected to Participate	Home School:	Will student need medication?	Reviewed by School Nurse*	Check if present for trip

^{*}If the student needs to take medication during the trip, the nurse will need to determine whether the student is self-directed or if a nurse (or parent) will be required to accompany student. (Nurse should note this on form.)

On the day of departure, provide your principal with a copy of your final roster showing attendees.