



# OLYMPIC COLLEGE

## FIELD TRIP AUTHORIZATION FORM

**Turn Original in to Dean of Student Development for approval. Keep copy with advisor on trip, and then turn copy back in with fund receipt signatures to the Dean within 48 hours of return (or next business day).**

Instructor/Advisor Name	
Date of Field Trip	
Departure Date/Time	
Return Date/Time	
Vehicle(s) Requested	
Driver(s) Name and License #	
Destination(s)	
Purpose of Field Trip	

Have assumption of risk forms been obtained for all participants?

Yes  No

If participant is under 18, has parent/guardian permission been obtained?

Yes  No

<b>Field Trip Participants</b> List everyone who will be participating in the field trip. (Instructor(s), students, chaperones, others)				
Participant Name	Student ID #	Emergency Phone Contact & Phone #	Signature verifying receipt of funds	Date received
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

If additional room is needed please continue participant list on the back.

\_\_\_\_\_  
Instructor/Advisor Signature

\_\_\_\_\_  
Club/Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Budget Code

\_\_\_\_\_  
Date

