

Field Trip Itinerary Format

School/Institution Name:

Trip Title:

Date(s):

Destination(s):

Grade/Group:

Trip Coordinator(s):

Contact Details:

Objectives of the Visit

Itinerary

Time	Activity/Location	Notes

Important Instructions

Emergency Information

Nearest Hospital/Clinic:

Emergency Contact Number:

Additional Notes:

Approvals

Teacher/Coordinator Signature:

Date:

Principal/Head Approval: