BIOLOGICAL SCIENCES
CLASS TRIP SAFETY FORM

(Please print)

Description of Trip:

Course number and name: ____________________________________________________________

Location(s) to be visited: _______________________________________________________________

Date/Time of field trip: ____________________   Day/Time expected back: _____________________

Contacts: (Please print)
Supervisor on Trip: ___________________________   Phone: ___________________________

Contact upon return: ___________________________   Phone: ___________________________

Approvals:

Course Faculty Signature: ___________________________

Department Chair Signature: ___________________________

Participants: (Please print or submit class list, omitting non-participants)

1. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________
5. ___________________________
6. ___________________________
7. ___________________________
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