

**Montana Conference of Seventh-day Adventists
OVERNIGHT OFF-CAMPUS ACTIVITY REQUEST**

School _____ Date Request Made _____

Requesting Group _____ Activity Leader _____

Dates of Trip: Beginning Date: _____ Ending Date _____

Number of school days _____

List NPUC Education Code number that qualifies this trip. _____

Activity Rationale/Objective

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_____ Attach Curriculum Outline (including the following information)

___ How will this activity fit into the curriculum?

___ What learning will take place? List learning objectives and how they will be met.

___ Describe follow-up activities back on campus.

_____ Attach full itinerary and dates.

_____ Attach list of participating students.

Grades involved _____ Number of Girls _____ Boys _____

Names of Chaperones _____

Check if the following items have been cared for:

___ Signed parental permission slips are on file.

___ All sponsors have an approved Caregiver Service Information Form on file.

___ Consent to Medical Treatment forms will be taken on trip.

___ Vehicles have adequate liability insurance coverage.

___ Vehicles will be checked for safe operating condition.

___ Students have received risk management instruction.

___ All necessary precautions will be taken to insure student and staff safety.

Local school board approval date _____

Local school board chair signature _____ Date _____

Principal approving signature _____ Date _____

Activity sponsor signature _____ Date _____