

TRIP PROTOCOL CHECKLIST (CLIENT OUTINGS)

CLIENT NAME: _____

PLANNED TRIP INFORMATION

Student Responsible for Program _____

Instructor Responsible for Program _____

Location of Activity _____

Phone # _____

Address _____

Time of Departure (Longview) _____

Time of Arrival (Longview) _____

Number of Participants _____

Names of Participants _____ Staff/Client Ratio: _____ Extra Staff Needed: _____

1 _____ 6 _____

2 _____ 7 _____

3 _____ 8 _____

4 _____ 9 _____

5 _____ 10 _____

Other disciplines notified for any schedule conflicts yes no

Funds Required yes no

Quick Check Information:

Name of Vendor _____

Amount of Check \$ _____ (funds required)

Keep all receipts and return to Catherine Gooch

Special equipment, clothing, lunch, snack needed? yes no

- First aid kit and emergency numbers
- Family Notified
- Flier to family for Special Trip
- Reminders to participants
- Digital Camera