GREAT NECK PUBLIC SCHOOLS

TEACHER-IN-CHARGE'S TRIP INCIDENT REPORT

Please complete this form if there was a transportation or other incident on the field trip that affected the health, safety, or morals of students. Upon completion, sign on the back and submit it to the Principal.

School_____ Grade(s): _____ No. of Students: _____

Date(s): _____ Destination: _____

Teacher-In-Charge: _____

Please describe the incident~~,~~ in detail~~,~~ including the names of any student and/or adults who were involved.

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Teacher-In-Charge: _____

Signature: _____ **Date:** _____

I have reviewed this report and will retain it on file in my school for one calendar year, and have forwarded a copy to the Superintendent of Schools.

Principal's Signature: _____ **Date:** _____

Great Neck Public Schools
Adopted: 6/7/04
Amended: 7/1/10; 11/19/12