



EXCURSION MANIFEST

Date: _____ Bus Company/Other: _____
 Number of Students: _____ Destination: _____
 Staff Organizer: _____
 Other Supervisors/Volunteer Supervisors: _____

A COPY OF THE MANIFEST IS TO BE LEFT IN THE MAIN OFFICE
and as part of Excursion Checklist.

Student		Medical Alert	Telephone Numbers
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Add additional rows as necessary to accommodate excursion participants.