

CMSD Field Trip Shelter Plan

An emergency shelter must be identified at 30 minute intervals along the field trip route. Make contact with each shelter listed. Use additional forms if needed. Attach this form to your field trip request form.

Field trip coordinator name: _____

Field trip starting point: _____

Field trip destination: _____

Brief description of the route: _____

First emergency shelter name: _____

Location: _____

Shelter contact name: _____ phone number: _____

Second emergency shelter name: _____

Location: _____

Shelter contact name: _____ phone number: _____

Third emergency shelter name: _____

Location: _____

Shelter contact name: _____ phone number: _____

Fourth emergency shelter name: _____

Location: _____

Shelter contact name: _____ phone number: _____

Fifth emergency shelter name: _____

Location: _____

Shelter contact name: _____ phone number: _____

Describe any special circumstances: _____
