Date of Field Trip \_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_ Departure Time AM/PM Estimated Return Time AM/PM

Field Trip Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vehicle Tag Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Street, City, Zip Code)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Attending Trip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **IF YOUR CHILD HAS PERMISSION TO ATTEND THIS****FIELD TRIP, PLEASE SIGN AND DATE BELOW.** |  | **NOTE ALL DEPARTURE/ARRIVAL TIMES BELOW.****THEN INDICATE MARK/SYMBOL FOR EACH CHILD.** | **COMMENTS****(Child left with parent, Child Absent, etc.)** |
| **Times** | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM |
| **Child’s First & Last Name** | **Parent’s Signature** | **Date** | **ON** | **OFF** | **ON** | **OFF** | **ON** | **OFF** |  |
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| **FIRST CHECK: SIGNATURE OF STAFF PERSON VERIFYING VEHICLE CHECKED AND NO CHILD LEFT ON VEHICLE AT EACH STOP** |  |  |  |  |
| **SECOND CHECK: SIGNATURE OF STAFF PERSON VERIFYING VEHICLE CHECKED AND NO CHILD LEFT ON VEHICLE**  |  |  |  |  |
| ***IF APPLICABLE:* SIGNATURE OF STAFF PERSON WHO REPORTED BY PHONE TO THE DESIGNATED PERSON THAT VEHICLE WAS CHECKED AND NO CHILD WAS LEFT ON VEHICLE.**  |  |  |  |  |
| ***NAME OF PERSON REPORTED TO:*** |  |  |  |  |