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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **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:*** | | | |  | |  | |  | |  |