TRANSPORTATION RECORD

NAME OF INSURANCE COMPANY_____ **ADDRESS OF INSURANCE COMPANY**_____
_____

DATE	ACCOUNTED FOR LOADING	ACCOUNTED FOR UNLOADING	NO CHILD LEFT ON VEHICLE	MEDICAL INFORMATION, PARENT INFORMATION FOR EACH CHILD ON VEHICLE	FIRE EXTINGUISHER AND FIRST AID KIT IN VEHICLE	VEHICLE CLEAN, FREE OF HAZARDS, SAFE REPAIR	COMMENTS	SIGNATURE OF PERSON CONDUCTING CHECK

For field trips, attach list of adults participating.