

Field Trip Authorization and Log Form for Exempt Providers

Program Name: _____ Program Phone Number:_____

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 BELOW.		Times	NOTE ALL DEPARTURE/ARRIVAL TIMES BELOW. THEN INDICATE MARK/SYMBOL FOR EACH CHILD.						COMMENTS (Child left with parent, Child Absent, etc.)
			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.									