

Field Trip Form for Exempt Providers

Provider Name:

Center 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 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.									

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Center Name:

Center Phone Number:

<i>NAME OF PERSON REPORTED TO:</i>				
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