Sample Field Trip Form

Field Trip Form

	Center Name: ABC Learning Center								Center Phone Number: <u>770-456-7890</u>			
Date of Field Trip 3/17/14 Departure Time							AM)PM	Estimated Return Time 2:30 AMPM				
Field Trip Location Memorial Library regarding					Vehicle Tag Number <u>APK178</u>							
_	Ensure	Address (Street, City	y, Zip Code) 1234 Peach	itree Street, A	tlanta, C	Georgia 300	034					
Staff Attending Trip Betty Smith Ta						<u>s</u>						
	IF YOUR CHILD HAS PERMISSION TO ATTEND THIS FIELD TRIP, PLEASE SIGN AND DATE BELOW.			Departure and arrival times	NOTE ALL DEPARTURE/ARRIVAL TIMES BELOW. THEN INDICATE MARK/SYMBOL FOR EACH CHILD. 9:00 9:30 1:00 1:30						COMMENTS	
			Times	AM PM		AM PM	AM PM	AM / PM	AM / PM	(Child left with parent, Child Absent, etc.)		
	Chi	ld's First & Last Name	Parent's Signature	Date	ON	OFF	ON	OFF	ON	OFF	Abscht, etc.)	
		Mitchell	Barbara Mitchell	3/17/14	√ V	√	√ J.	√ J	011	011		
	Leslie '	Warren	Cassandra Warren	3/17/14	√	√	$\sqrt{}$	$\sqrt{}$	 [
			Kristie Thorton	3/17/14	√	1	√	$\sqrt{}$				
/	4		Kristie Thorton	3/17/14	√	√	$\sqrt{}$	√				
	Jessica	Barber	Marílyn Barber	3/17/14	A	A	A	A			-	
	Justin Register Lauren Register		3/17/14	√	√	Α	A	 [Went home with mom		
			Barbara Mitchell	3/17/14	√	1	$\sqrt{}$	$\sqrt{}$		7	7	
/	Leslie Warren		Cassandra Warren	3/17/14	√	1	$\sqrt{}$	$\sqrt{}$			-	
/				√	Check on		and off of vehicle					
	sported Parent signatu			are and date		here. Make sure nothin						
child: listed			Turent signatu	ire and date		1	blank. Ir	k. Indicate notes if need be.				
(first	and											
last n	ames)						2	2	 			
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					Tara 1	_	Tara Ro	٦				
					Betty Smith Betty Sm							
	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.					Verifications of checks of vehicle each time child	i					
		NAME OF PERSON REPORTED TO:				Two checks of vehicle REQUIRED.						