

## FIELD TRIP PERMISSION FORM - GROUP

NAME OF CHILD CARE PROGRAM \_\_\_\_\_

WE WILL BE TAKING FIELD TRIPS ON THE FOLLOWING DATE(S)

1.	2.	3.	4.	5.
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TO THE FOLLOWING DESTINATION (S) INCLUDE NAME AND ADDRESS FOR FIELD TRIP DESTINATION

DESTINATION NAME & ADDRESS	ESTIMATED ARRIVAL	TIME OF DEPARTURE
1.		
2.		
3.		
4.		
5.		

PLEASE SIGN BELOW AND WRITE TRIP # IN THE APPROPRIATE COLUMN INDICATING WHETHER YOU DO OR DO NOT WANT YOUR CHILD TO ATTEND.

NAME OF CHILD	MAY ATTEND TRIP #	MAY NOT ATTEND TRIP #	SIGNATURE OF PARENT/GUARDIAN	DATE SIGNED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
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16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

CHILD CARE PERSONNEL MUST ENSURE THAT ALL RULES REGARDING FIELD TRIPS, INCLUDING FIELD TRIP STAFF TO CHILD RATIO, SUPERVISION AND TRANSPORTATION REQUIREMENTS, ARE FOLLOWED.