

FIELD TRIP PERMISSION FORM - INDIVIDUAL CHILD

NAME OF CHILD CARE PROGRAM _____

NAME OF CHILD _____

ON THE FOLLOWING DATE(S) WE WILL BE TAKING A FIELD TRIP TO THE DESTINATION(S) LISTED BELOW:

1.	2.	3.	4.	5.
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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.				

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

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