ARIZONA DEPARTMENT OF HEALTH SERVICES / DEPARTAMENTO DE SERVICIOS DE SALUD DE ARIZONA

Office of Child Care Licensing / Oficina de Permisos para Guarderías Infantiles

FIELD TRIP PERMISSION SLIP
FICHA DE PERMISO PARA ASISTIR A UN VIAJE DE CAMPO

My child has permission to attend a field trip to
Mi niño tiene permiso para asistir al viaje de campo a _____

located at / localizado en _____
(address/phone - dirección/teléfono)

for the purpose of / con el fin de _____

On _____ we will leave at _____ and return at _____
El _____ saldremos a las _____ y regresaremos a las _____
(date / fecha) (time / hora) (time / hora)

SPECIAL INSTRUCTIONS FOR THIS TRIP ARE:
LAS INSTRUCCIONES ESPECIALES PARA ESTE VIAJE SON: _____

CHILD'S NAME: (1st and last name) NOMBRE DEL NIÑO (Nombre y Apellido)	PARENT SIGNATURE & Date: (1st initial and last name) FIRMA DE LOS PADRES Y FECHA (1ª inicial y apellido)	Attendance							
		Start (leave facility)	Arrival at location	Hour #1	Hour #2	Hour #3	Hour #4	Leaving Location	End (return to facility)

VEHICLE LICENSE PLATE NUMBER(S):

_____

_____

ADULTS ATTENDING FIELD TRIP:

_____

_____

* A copy of this trip plan is to remain at the facility *

Rule # R9-5-518.A.3 requires the field trip information be retained for 3 months for centers from the date of the field trip.
Rule # R9-3-305.A.16 requires the field trip information be retained for 12 months for group homes.