ARIZONA DEPARTMENT OF HEALTH SERVICES
Office of Child Care Licensing

FIELD TRIP PERMISSION SLIP

My child has permission to attend a field trip to_____

located at _____ for the purpose of _____
(address/phone)

On _____ we will leave at _____ and return at_____.
(date) (time) (time)

SPECIAL INSTRUCTIONS FOR THIS TRIP ARE: _____

CHILD'S NAME: (1st and last name)	PARENT SIGNATURE & Date: (1st initial and last name)	**Attendance**					
		Start (leave facility)	Arrival at location	Hour #1	Hour #2	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.