

SPECIAL FIELD TRIP PERMISSION

(Required by Standards for Licensed Family Day Homes 22 VAC 40-111-980 B)

Child's Name	
Destination of Field Trip	
Date of Field Trip	
Duration of Field Trip	From: _____ To: _____
Mode of Transportation: <input type="checkbox"/> Walking <input type="checkbox"/> School bus <input type="checkbox"/> Public transportation <input type="checkbox"/> Provider vehicle _____ Name of Driver <input type="checkbox"/> Other vehicle _____ Name of Driver	
I grant permission for my child to participate in the field trip described above.	
_____ Parent's Signature	_____ Date