

Arizona Department of Health Services  
Bureau of Child Care Licensing

**PERMISSION to Participate in a Field Trip**

My child has permission to attend a field trip to:

Name of destination:		
Address:		Telephone Number:
Description of trip:		
Date of trip:	Departure time:	Return time:
Special Instructions:		

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 12 months for centers from the date of the field trip.**

**Rule # R9-3-408.B. requires the field trip information be retained for 12 months for group homes.**