



FIELD TRIP PERMISSION FORM

**For EACH field trip, the
provider shall secure
written permission from
each caretaker in advance.**

FIELD TRIP DESTINATION	DATE OF FIELD TRIP
CHILD'S NAME	CHILD'S NAME
CHILD'S NAME	CHILD'S NAME
CHILD'S NAME	CHILD'S NAME

Your child(ren) will be transported to the field trip by _____.
(Examples: Provider's vehicle, other parents' vehicles, public transportation, etc.)

I, _____, grant permission for my child(ren), listed above,
PRINT CARETAKER'S NAME
to participate in the above listed field trip with _____.
PRINT PROVIDER'S NAME

I understand this permission is only valid for the above date and the provider will attach to my child(ren) a telephone number and the name to contact in the event that my child(ren) becomes lost. The provider shall have available on this field trip the JFS01297 Child Enrollment and Health Information and JFS 01928 Child Medical/Physical Care Plan for my child(ren) being transported on this field trip. The provider shall also have a working cellular phone, which shall not be used by a driver while the vehicle is in motion, and the required first aid supplies.

CARETAKER'S SIGNATURE

PROVIDER'S SIGNATURE

DATE

DATE

This form shall be used to meet the requirements of chapter 5101:2 -14 of the Ohio Administrative Code.