

WEEKLY OFF-PREMISE FIELDTRIP PERMISSION FORM

Child(ren) _____ Parent Signature _____

[Must include Departure time, Return time, Destination, and Responsible Adult. This also covers anyone (other than enrolled client) who may pick up child and return them to child care even if parents make arrangements. Such events may be park trips, neighborhood walks, dance class, Cub/Girl Scouts, Doctor Appts., therapy classes, library, fire station, farm, grocery store etc].

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:
date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:
date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:
date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult:	date _____ Departure: Return: Destination: Responsible Adult: