

SPECIAL FIELD TRIP PERMISSION
(Required by Standards for Licensed Family Day Homes 8VAC20-800-980 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