

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