

MASTER LIST AND STAFFING PATTERN FOR FIELD TRIP

Name of Facility: _____ Trip Site: _____

Address: _____ Date: _____

Phone: () _____

Trip Leader: _____

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|---------------------------------------|---|
| Adults: *First Aid **CPR | Children:(circle as applies) ☆ - Medical Alert ◆ - Medications |
|---------------------------------------|---|

| Vehicle Adult | CHILDREN | Attendance | Vehicle Adult | CHILDREN | Attendance |
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REGULAR ATTENDANCE CHECKS BY NAME AND FACE
SEE CHILD'S EMERGENCY CARD FOR ADDITIONAL INFORMATION