Field Trip Transportation Log

2105.E
2107.B

Date _____

Method of Transportation (Vehicle Used) _____

Driver_____

Destination_____

Time of departure from facility:	Time of arrival back at facility:
Total passengers in vehicle:	Total passengers in vehicle:

Visual Check:	Number of Children Present	Time of Visual Check	Signature of Staff Conducting the Visual Check*
Prior to Leaving Facility			
Arrival at Destination			
Prior to Departure from Destination			
Arrival Back at Facility			

Staff	Going (√)	Returning (√)	Comments
Other Adults			

By signing, I certify that I have conducted a visual check at time documented of the vehicle after all children were unloaded and that no child was left in the vehicle.

Field Trip Transportation Log continued on the next page

By signing, I certify that I have conducted a visual check at time documented of the vehicle after all children were unloaded and that no child was left in the vehicle.

Date_____Vehicle_____Destination_____

Classroom_____

Children	Going (√)	Returning (√)	Children	Going (√)	Returning (√)
1.			22.		
2.			23.		
3.			24.		
4.			25.		
5.			26.		
6.			27.		
7.			28.		
8.			29.		
9.			30.		
10.			31.		
11.			32.		
12.			33.		
13.			34.		
14.			35.		
15.			36.		
16.			37.		
17.			38.		
18.			39.		
19.			40.		

By signing, I certify that I have conducted a visual check at time documented of the vehicle after all children were unloaded and that no child was left in the vehicle.

Date_____Vehicle_____Destination_____

Classroom_____

Children	Going (√)	Returning (√)	Children	Going (√)	Returning (√)
1.			22.		
2.			23.		
3.			24.		
4.			25.		
5.			26.		
6.			27.		
7.			28.		
8.			29.		
9.			30.		
10.			31.		
11.			32.		
12.			33.		
13.			34.		
14.			35.		
15.			36.		
16.			37.		
17.			38.		
18.			39.		
19.			40.		

By signing, I certify that I have conducted a visual check at time documented of the vehicle after all children were unloaded and that no child was left in the vehicle.