City of Chicago Department of Family and Support Services

Trip Verification Form

This is to verify: _____ _____
Delegate Agency Site

Participated in a field trip on:_____ to _____
Date Location

Participated in an evacuation drill on: _____
Date

Please indicate drill number: ____ (1st, 2nd, or 3rd)

Bus Company Name: _____

Bus Driver Name: _____ _____
Print Signature

Site Director Name: _____
Print

_____
Signature

**** When evacuation drills are conducted with a field trip, please submit the Bus Evacuation Drill Certification Form along with the Field Trip Verification Form.**