

City of Chicago Department of Family and Support Services Field Trip Verification Form

This is to verify: _____
Delegate Agency Name/ Site Name

Site Address

Participated in a field trip on: _____
Date

To _____
Location

Bus Company Name: _____

Bus Driver Name: _____
Print

Site Director Name: _____
Print

Signature

Submit with Pre-Trip Inspection Checklist and keep a copy on file at the center.

