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| CCCS#  EMR # |

**Field Trip Record**

Contact name and number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# DRIVERS AND STUDENT/TEACHER PASSENGERS

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| --- | --- | --- | --- | --- |
| Name  Phone # | Name  Phone # | Name  Phone # | Name  Phone # | Name  Phone # |
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**Students Absent**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special information**: (i.e. change of driver on return, going home from trip etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Remember to:**

**Check off student name when arrive to school Maps for all drivers (drivers need to be PRE-approved by CCCS)**

**Copy of this form for all drivers Copy to Front desk or Principal $ monies Water, Snacks etc.**