

Arizona Department of Health Services  
Bureau of Child Care Licensing

**PERMISSION to Participate in a Field Trip**

My child has permission to attend a field trip to:

Name of destination: <b>Library, Theater, Anywhere else on Black Mountain Elementary Campus</b>		
Address: <b>33606 N 60th St, Scottsdale, AZ 85266</b>	Telephone Number: <b>(480) 575-2100</b>	
Description of trip: <b>Specials and on campus activities</b>		
Date of trip: <b>September 2020</b>	Departure time: <b>June 2021</b>	Return time:

Special Instructions:  
**On campus locations**

CHILD'S NAME: (1st and last name)	PARENT SIGNATURE & Date: (1st initial and last name)	Attendance					
		Start (leave facility)	Arrival at location	Hour #1	Hour #2	Leaving Location	End (return to facility)

VEHICLE LICENSE PLATE NUMBER(S):  
\_\_\_\_\_  
\_\_\_\_\_

ADULTS ATTENDING FIELD TRIP:  
\_\_\_\_\_  
\_\_\_\_\_

\* A copy of this trip plan is to remain at the facility \*

**Rule # R9-5-518.A.3 requires the field trip information be retained for 12 months for centers from the date of the field trip.  
Rule # R9-3-408.B. requires the field trip information be retained for 12 months for group homes.**