

Field Trip Checklist

Instructions for completion: Complete this checklist prior to exiting the classroom for the field trip. This form should be submitted with your EOM Report.

Center: _____ **Date:** _____

- ✓ _____ **Bathroom and closets checked and doors left open.**
- ✓ _____ **Active and visual sweep of room conducted to include bathrooms, closets, behind shelves and under tables.**
- ✓ _____ **Children counted out loud using name to face method and names recorded on classroom attendance sheet prior to exiting classroom.**
- ✓ _____ **Sign posted on classroom door indicating class is on a field trip and the field trip destination.**
- ✓ _____ **All children's emergency contact card and emergency medical information is in the field trip backpack.**
- ✓ _____ **Emergency first aid kit is in the field trip backpack.**

Staff Name: _____ **Staff Signature:** _____