



## FIELD TRIP DOCUMENTATION FORM

<b>1.</b> Center Name/number:	<b>2.</b> Contact Name:	<b>3.</b> KIDKARE/Minute Menu CODE: _____
<b>4.</b> Destination/City/State:	<b>5.</b> Date of Trip: _____	<b>6.</b> Departure Time:
		<b>7.</b> Return Time:

### 8. Field Trip Meal Service

Meal Type: **CIRCLE**

\_ B \_ A \_ L \_ P \_ S

Where will the meals be served?

Describe the method to be used ensure transported foods will be held at proper temperatures:

### 9. MENU SERVED ON FIELD TRIP (Meal Production)

Meal Components/amount available		Meal Components/amount available	
Milk:	Amount:	Meat:	Amount:
Fruit/Vegetable:	Amount:	Grain/Bread:	Amount:
Fruit/Vegetable:	Amount:	Other:	Amount:

### 10. FIELD TRIP ATTENDANCE and MEAL COUNTS

Name of Child	Meal Received?	Name of Child	Meal Received?	Name of Child	Meal Received?
1.	<input type="checkbox"/>	10.	<input type="checkbox"/>	19.	<input type="checkbox"/>
2.	<input type="checkbox"/>	11.	<input type="checkbox"/>	20.	<input type="checkbox"/>
3.	<input type="checkbox"/>	12.	<input type="checkbox"/>	21.	<input type="checkbox"/>
4.	<input type="checkbox"/>	13.	<input type="checkbox"/>	22.	<input type="checkbox"/>
5.	<input type="checkbox"/>	14.	<input type="checkbox"/>	23.	<input type="checkbox"/>
6.	<input type="checkbox"/>	15.	<input type="checkbox"/>	24.	<input type="checkbox"/>
7.	<input type="checkbox"/>	16.	<input type="checkbox"/>	25.	<input type="checkbox"/>
8.	<input type="checkbox"/>	17.	<input type="checkbox"/>	26.	<input type="checkbox"/>
9.	<input type="checkbox"/>	18.	<input type="checkbox"/>	27.	<input type="checkbox"/>

Total Attendance \_\_\_\_\_ Total Meals Served \_\_\_\_\_ Meal Type \_\_\_\_\_

11. I certify that to the best of my knowledge the information reported on this form is true and correct. I understand misrepresentation may result in prosecution under applicable state or federal statutes. I certify that all meals were prepared, delivered and served in accordance with state and local health department standards.

\_\_\_\_\_  
SIGNATURE OF SITE EMPLOYEE

\_\_\_\_\_  
DATE OF SIGNATURE