

## Field Trip Request Form

***YOU MUST GIVE 10 BUSINESS DAYS ADVANCE NOTICE***  
*This form can be faxed to 645-8903 or emailed to [foodoffice@columbus.gov](mailto:foodoffice@columbus.gov).*

This form is a request for permission to take meals away from your approved service site; this is NOT a meal order. You order your meals the day before the trip following the normal procedure. If you need your meals earlier than your normal delivery time please call the Summer Food Office.

If you run an open or open restricted site you must have a trained staff at your regular site to serve meals to any community children who might not participate in the field trip. When you order your meals please indicate how many are going on the trip and how many will stay at the site.

**Site name:** \_\_\_\_\_ **Site Number:** \_\_\_\_\_

**Site Supervisor:** \_\_\_\_\_ **Phone number on trip:** \_\_\_\_\_

**Date of Field Trip:** \_\_\_\_\_

**Location of Field Trip (be specific about location, such as shelter name or part of park):**

**Location:**

**Street Address:**

**City, State, [Nine Digit Zip](#):**

**Time of meal service: from** \_\_\_\_\_ **To** \_\_\_\_\_

(Serving time must be the same as your approved serving time unless you have prior approval to change for the one day.)

**How will you keep meals at proper temperature on trip:**

(You must provide your own coolers, ice and food thermometer. The City and vendor do not provide these.)

**Estimated number of meals you will be transporting:** \_\_\_\_\_

**Trained staff going on field trip:** \_\_\_\_\_

**Trained staff staying on site:** \_\_\_\_\_

**As the designated site supervisor, I understand that all meals transported for service during a field trip MUST:**

1. Be approved by sponsoring agency (Columbus Recreation and Parks Department) and the State of Ohio Department of Education
2. Contain all required meal components
3. Be kept in a safe and served in a sanitary manner (Take hand sanitizer if you will be away from sinks.)
4. Be served at a temperature of 40 degrees or below
5. Be served at a state approved meal service time unless otherwise noted and approved.

**Signature of Site Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Date received in summer food office:* \_\_\_\_\_ *Staff Initials:* \_\_\_\_\_

*Signature of sponsor for approval:* \_\_\_\_\_ *Date:* \_\_\_\_\_