

REQUEST FOR FIELD TRIPS
(Must be submitted to sponsor 10 days prior to date of requested trip)
Please fill out the form in ink not pencil

SFSP SITE NAME and SITE NUMBER _____ Site # _____

NAME OF SITE SUPERVISOR _____

Field Trip Information:

Date of Requested Trip and Time of Departure _____

Location of field trip (Be Specific) _____

Street Address _____

City, State, Nine Digit Zip Code

Telephone Number at Field Trip SITE _____

(Can be a cell phone number of the attending site supervisor)

Names of SFSP Trained Staff Attending Field Trip _____

*Time of meal delivery needed if different than normal delivery time and when the building and staff will be available for early delivery (Early Morning A.M delivery time)

*Time of meal Service during field trip _____

Please put beginning and ending time. (Serving time must be the same serving time as approved by the State unless you have prior approval to change the time for the field trip for the day of the field trip only.)

*Number of meals to you will be transporting _____

(Site must order meals the day before your scheduled field trip.)

*Explain how meals will be kept at proper temperature during transport and service:

(Each site must provide own coolers for transporting meals, plus ice for each cooler, and food thermometer)

****THIS FORM IS NOT A REQUEST FOR MEALS, INCLUDING SPECIAL MEALS. ALL MEAL ORDERS MUST BE CALLED IN THE DAY BEFORE THE FIELD TRIP BEFORE 1:00 P.M.**

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 sanitary manner
- 4) be served at a temperature of 40 degrees or below
- 5) be served at state approved meal service time unless otherwise noted and approved

PRINT NAME OF SITE SUPERVISOR ATTENDING FIELD TRIP _____

SIGNATURE SITE SUPERVISOR _____ DATE _____

SIGNATURE OF SPONSOR APPROVAL _____ DATE _____