North Carolina
Department of Health & Human Services
Division of Public Health
Women's and Children's Health Section
Nutrition Services Branch – Summer Food Service Program

FIELD TRIP APPROVAL

Sponsor Name_____ Agreement Number_____

I am requesting approval for the following field trips:

DATE	SITE NAME	DESTINATION

I certify that all meals served will meet the Summer Food Service Program meal pattern requirements, proper temperatures will be maintained and that a trained site supervisor will be present to ensure that program regulations are observed.

_____ _____
Signature of Sponsor Date

The field trip(s) listed above has/have been approved.

_____ _____
State Agency Approval Date