Sign In and Out Sheet

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Site:** |  | | | **Bus Driver:** |  | | **Transportation Assistant:** |  |
| **Date (MM/DD/YYYY)** | |  | | | **Bus Number:** |  | | |
| **Time Arrived at Center** | | |  | | **Time left center:** |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Childs Name**  **(First and Last)** | **Time On Bus** | **Signature of Parent/Guardian or Authorized Person Picking Up** | **Medication** | **Time and date last given if in the last 72 hours** | **Signature of Parent/Guardian or Authorized Person Dropping Off** | **Time child is dropped off** | **Medication** |
| **AM** |
| **PM** |
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