FLORIDA DEPARTMENT OF HEALTH

DRIVER'S ATTENDANCE LOG

for

_____

Key: / = On Vehicle X = Off Vehicle A = Absent

NAME OF CHILD	DESTINATION	Date: _____				Date: _____				Date:_____				Date:_____				Date: _____			
		AM		PM		AM		PM		AM		PM		AM		PM		AM		PM	
Time of Departure																					
Time of Arrival																					
My signature below each date verifies that I have conducted a physical inspection of the vehicle and a visual sweep of the vehicle to ensure that no child is left in the vehicle.																					
Driver's initials	ON																				
Employee's initials	ON																				
Driver's initials	OFF																				
Employee's initials	OFF																				