

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

# Family Child Care Travel and Activity Authorization

## Permissions

Yes  No I give permission for my/our child(ren) to leave the family child care home for travel in a car or on public transportation for any reason. I understand that the provider will always use proper safety restraints and will never leave any child unattended in a vehicle.

IF YES, LIST THE NAME(S) **AND** AGE(S) OF CHILD(REN):

Yes  No I give permission for my/our child(ren) to walk to and/or participate in activities geared for my child, but away from the child care home under the supervision of a provider or adult caregiver. My provider will inform me in advance of field trips beyond the immediate neighborhood. (park, library, local pool)

IF YES, LIST THE NAME(S) OF CHILD(REN):

Yes  No I give permission for my school age child(ren) to participate in (list activity below) outside the residence. I understand my child will not be under the supervision of the child care provider, substitute, or helper.

IF YES, LIST THE NAME(S) OF CHILD(REN) **AND** THE ACTIVITY:

## Signatures

### Parent Signature

SIGNATURE	DATE
-----------	------

### Provider Signature

SIGNATURE	DATE
-----------	------