



## Child Care Parent/Guardian Permission

Child's Name (First Middle Last)	Licensee's Name Carolyn Reynolds																																																			
<b>Transportation and off-site activity</b>  I give my permission for the licensee or the licensee's staff to take my child: <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;"><u>Yes</u></th><th style="text-align: center;"><u>No</u></th></tr></thead><tbody><tr><td>To and/or from school:</td><td></td><td></td></tr><tr><td>By a personal vehicle.....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>By riding with my child on public transportation.....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>By walking with my child .....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>On field trips (a written notice about the field trip will be given at least 24 hours before the field trip is taken):</td><td></td><td></td></tr><tr><td>By a personal vehicle.....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>By riding with my child on public transportation.....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>By walking with my child .....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>On occasional errands:</td><td></td><td></td></tr><tr><td>By a personal vehicle.....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>By riding with my child on public transportation.....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>By walking with my child .....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>Other (specify here: _____):</td><td></td><td></td></tr><tr><td>By a personal vehicle.....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>By riding with my child on public transportation.....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>By walking with my child .....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table>			<u>Yes</u>	<u>No</u>	To and/or from school:			By a personal vehicle.....	<input type="checkbox"/>	<input type="checkbox"/>	By riding with my child on public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	By walking with my child .....	<input type="checkbox"/>	<input type="checkbox"/>	On field trips (a written notice about the field trip will be given at least 24 hours before the field trip is taken):			By a personal vehicle.....	<input type="checkbox"/>	<input type="checkbox"/>	By riding with my child on public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	By walking with my child .....	<input type="checkbox"/>	<input type="checkbox"/>	On occasional errands:			By a personal vehicle.....	<input type="checkbox"/>	<input type="checkbox"/>	By riding with my child on public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	By walking with my child .....	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify here: _____):			By a personal vehicle.....	<input type="checkbox"/>	<input type="checkbox"/>	By riding with my child on public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	By walking with my child .....	<input type="checkbox"/>	<input type="checkbox"/>
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**Photo, video, or surveillance activity**

I give my permission for the licensee or the licensee's staff to:

	<u><b>Yes</b></u>	<u><b>No</b></u>
Take photographs of my child .....	<input type="checkbox"/>	<input type="checkbox"/>
Take video of my child.....	<input type="checkbox"/>	<input type="checkbox"/>
Capture my child's image on surveillance video used at this child care facility .....	<input type="checkbox"/>	<input type="checkbox"/>

*I have reviewed the licensee's written policies and have had the opportunity to discuss with the licensee the policies pertaining to the items listed on this permission form.*

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date