



Child's Name (First Middle Last)	Licensee's Name
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Transportation and off-site activity

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

	<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"/>

Water activities including swimming pools and other bodies of water

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

	<u>Yes</u>	<u>No</u>
Take my child swimming or play in a swimming pool or other body of water	<input type="checkbox"/>	<input type="checkbox"/>

Bathing

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

	<u>Yes</u>	<u>No</u>
Give my child a bath or shower if my child needs to be cleaned after having an accident such as diarrhea or vomiting.....	<input type="checkbox"/>	<input type="checkbox"/>
Give my child a bath or shower if my child is enrolled in overnight child care	<input type="checkbox"/>	<input type="checkbox"/>

Photo, video, or surveillance activity

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

	<u>Yes</u>	<u>No</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