GENERAL TRAVEL/ACTIVITY AUTHORIZATION

☐ I give permission for my/our child, ______________________________, age ______, to leave the family child care home for travel in a car or on public transportation for the following reason(s):

Y / N Transporting my, or another child, to outside activities (preschool, swimming lessons, etc.).
Y / N Transporting my, or another child, to obtain medical attention.
Y / N Any reason the provider wishes to transport.
Y / N Other (list): _____________________________________________________________________
_______________________________________________________________________________

I UNDERSTAND THAT THE PROVIDER WILL ALWAYS USE PROPER SAFETY RESTRAINTS, AND WILL NEVER LEAVE ANY CHILD UNATTENDED IN A VEHICLE.

☐ I give permission for my/our child, ______________________________, to walk to and/or participate in activities geared for my child but away from the child care home. I understand these activities will be in the immediate neighborhood, and my provider or my provider's adult helper will be present during these activities. These activities specifically include:

Y / N Walks around the neighborhood.
Y / N Walks to the neighborhood park ____________________________ (park name) to play.
Y / N Other (list): _____________________________________________________________________
_______________________________________________________________________________

(School-Age Only)

☐ I give permission for my/our school-age child, ______________________________, to participate in the following activity(ies) outside of the child care home. I understand my/our child will not be under the supervision of my child care provider, substitute or helper during this activity(ies). Activity and dates: _________________________________________________________________________

☐ I give permission for my/our school-age child, ______________________________, to walk to and/or participate in activities geared for my child but away from the child care home. I understand these activities will be in the immediate neighborhood and my provider will be available for assistance at her home but not present for these activities.

Y / N Walks around the neighborhood.
Y / N Riding bike around the neighborhood.
Y / N Other (list): _____________________________________________________________________
_______________________________________________________________________________

__________________________  ______________________________________________
DATE SIGNATURE OF PARENT

__________________________  ______________________________________________
DATE SIGNATURE OF PROVIDER