



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:

**Yes**    **No**

To and/or from school:

- By a personal vehicle.....
- By riding with my child on public transportation.....
- By walking with my child .....

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.....
- By riding with my child on public transportation.....
- By walking with my child .....

On occasional errands:

- By a personal vehicle.....
- By riding with my child on public transportation.....
- By walking with my child .....

Other (specify here: \_\_\_\_\_):

- By a personal vehicle.....
- By riding with my child on public transportation.....
- By walking with my child .....

**Water activities including swimming pools and other bodies of water**

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

**Yes**    **No**

- Take my child swimming or play in a swimming pool or other body of water .....

**Bathing**

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

**Yes**    **No**

- Give my child a bath or shower if my child needs to be cleaned after having an accident such as diarrhea or vomiting.....
- Give my child a bath or shower if my child is enrolled in overnight child care .....

**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