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|  | **Child Care Parent/Guardian Permission** |

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| Child’s Name (First Middle Last) | Licensee’s Name |
| **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 | |
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| **Photo, video, or surveillance activity**  I give my permission for the licensee or the licensee’s staff to:  **Yes No**  Take photographs of my child  Take video of my child  Capture my child’s image on surveillance video used at this child care facility |
| *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 |