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

|  |  |
| --- | --- |
| 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 [ ]  [ ]  |
|  |
|  |

|  |
| --- |
| **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 |