



DEPARTMENT OF EARLY LEARNING (DEL)
 FAMILY HOME CHILD CARE
PERMISSION AUTHORIZATION

CHILD'S NAME	FIRST	MIDDLE	LAST	PROVIDER'S NAME
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The provider or assistant has my/our permission to transport my/our child in a motor vehicle to go:

- | | YES | NO |
|---------------------------------|--------------------------|--------------------------|
| 1. On field trips | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. To and from school..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. To obtain medical care | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. On occasional errands | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Other (specify below): | <input type="checkbox"/> | <input type="checkbox"/> |

This permission is granted on condition that the provider complies with the provision of WAC 170-296-1250, What are the Requirements I Must Follow when I Transport Children.

The provider or assistant has my permission to:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Take my child on walks | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Take my child on public transportation..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Take my child swimming | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Take photographs of my child | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Give my telephone number and address to other parents..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other (specify below): | <input type="checkbox"/> | <input type="checkbox"/> |

PARENT/GUARDIAN'S SIGNATURE	DATE	PARENT/GUARDIAN'S SIGNATURE	DATE
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