### Family Home Child Care Permission Authorization

**Child’s name** | **First** | **Middle** | **Last** | **Licensee’s Name**
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**The provider or assistant has permission to transport my child in a motor vehicle to go:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

1. On field trips ……………………………………………………………………………………………… ☐ ☐
2. To and from school ………………………………………………………………………………………… ☐ ☐
3. To obtain medical care ……………………………………………………………………………………… ☐ ☐
4. On occasional errands ……………………………………………………………………………………… .. ☐ ☐
5. Other (specify below): ……………………………………………………………………………………… ☐ ☐

This permission is granted when the licensee follows all the requirements for transporting children. WAC 110-300B-6475

**The provider or assistant has my permission to:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
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</tr>
</tbody>
</table>

1. Take my child on walks ……………………………………………………………………………………….. ☐ ☐
2. Take my child on public transportation…………………………………………………………………… ☐ ☐
3. Take my child swimming……………………………………………………………………………………… ☐ ☐
4. Take photographs of my child…………………………………………………………………………………… ☐ ☐
5. Give my telephone number and address to other parents……………………………………………….. ☐ ☐
6. Other (specify below):………………………………………………………………………………………….. ☐ ☐

**Parent or guardian signature** | **Date** | **Parent or guardian signature** | **Date**
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10.9.3.10 FH Permission Authorization
Rev. 08/01/2018

Copies to parent or guardian and licensee