

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:

- | | 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 when the licensee follows all the requirements for transporting children. WAC 110-300B-6475

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 or guardian signature	Date	Parent or guardian signature	Date
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