

WRITTEN PERMISSION FORM

Child's Name: _____ Child's Date of Birth: _____

Child's Address: _____ City: _____ Zip Code _____

Persons permitted to remove the child from the child care home on behalf of parent.

Name: _____ Address: _____ City: _____ Zip Code: _____

Phone #: (____) _____ Relationship _____

Name: _____ Address: _____ City: _____ Zip Code: _____

Phone #: (____) _____ Relationship _____

In an emergency, adults to be contacted if parent cannot be reached and to whom the child can be released.

Name: _____ Address: _____ City: _____ Zip Code: _____

Phone #: (____) _____ Relationship _____

Name: _____ Address: _____ City: _____ Zip Code: _____

Phone #: (____) _____ Relationship _____

Child's Emergency Medical Care Provider:

Name: _____ Phone #: (____) _____

Address _____ City: _____ Zip Code: _____

Child's Physician: Name: _____ Phone #: (____) _____

Address _____ City: _____ Zip Code: _____

Child's Dentist: Name: _____ Phone #: (____) _____

Address _____ City: _____ Zip Code: _____

My family child care provider and or approved substitute, have my permission to:

- Transport my child for any activity away from the family child care home. The provider is responsible for notifying me of days and times that these activities will occur ___ Yes ___ No
- Allow my child to participate in any activity away from the child care home ___ Yes ___ No
- Transport my child in case of an emergency to the Emergency Medical Care Provider, Physician or Dentist listed above and or to seek medical attention in an emergency at: _____ ___ Yes ___ No
(name of hospital or walk-in clinic)
- Include my child in swimming when recreational swimming is part of the family child care program ___ Yes ___ NO I understand it is my responsibility to outline these provisions to the provider
- Arrange for transitioning of my child to and from school including, but not limited to, transportation, exact bus pick up and drop off locations, and supervision to be provided during transitioning ___ Yes ___ No I understand that I must provide written permission and instructions specifying these arrangements.

The provisions outlined on this form have been worked out in consultation with me and my family child care provider. ___ Yes ___ No

Signature of Parent or Guardian: _____ **Date:** _____

Attention Provider: This information must be kept current at all times. Carry a copy of this form, the Enrollment form and the Child Health Assessment Record during any off-premises activity.