TRAVEL AND ACTIVITY AUTHORIZATION

I, ___________________________________________ name of parent/guardian

____________________________________________ name of child

give my permission to

for my child to participate in the following activities

name of

Trips in the van/automobile (facility or parent-owned)

Explain planned activity – where and when

Field trips away from the facility

Explain planned activity – where and when

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

____________________________________________ Parent/Guardian Signature

____________________________________________ Date Signed

This authorization is valid from ____/____/_____ to ____/____/_____