

Child Care Activity Authorization Form

- ☐ I give permission to _____ to transport my child(ren) in his/her vehicle with the understanding that they have completed the Child Passenger Restraint training within the past 5 years, for the following reasons:

Y / N Trips to the library

Y / N Trips to the bus stop/elementary school

Y / N Trips to the park/playground

Y / N Other _____

Y / N Trips to preschool

Y / N Other _____

All child(ren) will be fastened in a safety seat, seat belt, or harness appropriate to their weight and the restraint must be installed and used in accordance with the manufacturer's instructions and state law. My provider has completed the required Child Passenger Safety Training on _____.
(DATE)

(School-Age Only)

- ☐ I give permission for my **school-age child**, _____, date of birth: _____, to walk **unsupervised** to:

☐ the bus stop at _____.
(Location)

☐ _____.
(Name of School)

- ☐ I give permission for my **school-age child**, _____, age _____, to be off or away from my child care provider's premises, to participate in _____. I understand that my child will **not** be under the direct supervision of the child care provider, substitute, or helper.

Restrictions: _____

Parent or Guardian Signature: _____ Date: _____

Provider Signature: _____ Date: _____