Washington State Department of Early Learning

FAMILY HOME CHILD CARE

PERMISSION AUTHORIZATION

CHILD'S NAME FIRST MIDDLE LAST	PROVIDER'S NAME

The provider or assistant has my/our permission to transport my/our child in a motor vehicle to go:

		YES	NO
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 on condition that the provider complies with the provision of WAC 170-296-1250, What are the Requirements I Must Follow when I Transport Children.

The provider or assistant has my permission to:

		YES	NO
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/GUARDIAN'S SIGNATURE	DATE	PARENT/GUARDIAN'S SIGNATURE	DATE

COPIES TO: Provider; Parent/Guardian