

Consent for Child Care Program Activities

Name of Child Care: _____

Address of Facility: _____

Name of Child: _____

Parental/ Legal Guardian Consent is given for the items below: (please initial)

Walking Trips

_____ Walking trips to the following locations:

Motor Vehicle Transportation

_____ Trips by the program in _____ (vehicle) to the following locations:

_____ Daily transportation by the program in: (vehicle) _____
from: (location) _____ to: (location) _____

_____ Children will be restrained during vehicular transport by use of: _____

_____ Special needs of the child during transport:

Swimming

_____ Swimming and/or wading at:

(location) _____.

_____ **Other Activities (e.g., homework supervision, trips to neighborhood playgrounds, special trips)**

Print Legal Guardian's Name: _____

Legal Guardian's Signature: _____

Date: _____

[See separate consent forms for emergency care, medication administration, special dental, dietary or other needs.]

*Adapted from Model Child Care Health Policies, PA chapter of American Academy of Pediatrics, 1997, 3rd Ed.