

TRAVEL AND ACTIVITY AUTHORIZATION

- ☐ Blanket permission for this activity
☐ Special One-time permission only
☐ Blanket permission for all given activities

I, _____, parent/guardian of
(name of parent/guardian)

_____ Give my permission
(name of child)

to Sister's Child Care Services for my child to participate in the following activities:

Field trips away from the facility

Trip in the car/automobile (facility or parent-owned)

Parent/Guardian Signature and date signed

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

In addition, if the facility has planned activities outside the fenced area of the facility,

_____ I will allow my child to play outside the fenced area;

_____ I will not allow my child to play outside the fenced area.

Parent/Guardian Signature and date signed

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