

Travel and Activity Authorization

Name of FCCH

Today's Date

We have a special trip/activity planned and would like your permission to take your child.

Date of trip _____	Departure Time _____
Location of Trip _____	Return Time _____
Phone _____	Method of Travel _____
Transportation Provider _____	
To give permission, please sign the lower half of the permission slip and return it to me by _____.	
(Date)	
(keep the top half of the form for your information)	

(cut along the dotted line and return this half)

Travel and Activity Authorization

- For routine transport as identified on my written plan of care
- Special one time permission only
- Blanket permission for all given activities

Child's Name _____
(Last) (First)

I give permission for my child to participate in the following trip/activity:

_____ on _____ at _____.
(Location) (Date) (Time)

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 notify me each time that my child is to participate in an activity that would involve transportation.

I can be reached at (_____) _____ during the hours of the trip/activity.
(Phone)

Signature of Parent/Guardian

Date