Family Home Child Care
Permission Authorization

Child's name First Middle Last	Licensee's Name

The provider or assistant has permission to transport my 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 when the licensee follows all the requirements for transporting children. WAC 170-296-1250

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 or guardian signature	Date	Parent or guardian signature	Date

Copies to parent or guardian and licensee