

Lil Bits of Heaven On Earth Family Home Day Care

PERMISSION AUTHORIZATION

CHILDS 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 filed trips | ___ | ___ |
| 2. To and from school | ___ | ___ |
| 3. To obtain medical care | ___ | ___ |
| 4. On occasional errands | ___ | ___ |
| 5. Other (specify below): | | |

- The provider or assistant has my permission to:
- | | Yes | No |
|--|-----|-----|
| 1. Take my child on walks | | |
| 2. Take photographs of my child | ___ | ___ |
| 3. Give my telephone number and address to other parents | ___ | ___ |
| 4. Other (specify below): | | |

PARENT/GUARDIAN'S SIGNATURE	/DATE	PARENT/GUARDIAN'S SIGNATURE	/DATE