

# 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, 3<sup>rd</sup> Ed.