

**Family Home Child Care  
Permission Authorization**

Child's name	First	Middle	Last	Licensee's Name
				Rise and Shine Day Care

The provider or assistant has permission to transport my child in a motor vehicle to go:

- |                                 | Yes                      | No                       |
|---------------------------------|--------------------------|--------------------------|
| 1. On field trips .....         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. To and from school .....     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. To obtain medical care ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. On occasional errands .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Other (specify below):.....  | <input type="checkbox"/> | <input type="checkbox"/> |

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 .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Take my child on public transportation.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Take my child swimming.....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Take photographs of my child.....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Give my telephone number and address to other parents..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other (specify below):.....                                | <input type="checkbox"/> | <input type="checkbox"/> |

Record video and/or audio of my child.

Parent or guardian signature	Date	Parent or guardian signature	Date
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