



CHILD'S NAME	FIRST	MIDDLE	LAST	PROVIDER'S NAME
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The provider or assistant has my/our permission to transport my/our 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 on condition that the provider complies with the provision of WAC 170-296-1250, What are the Requirements I Must Follow when I Transport Children.**

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"/> |

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