AUTHORIZATION TO ALLOW CHILD TO LEAVE SUPERVISION OF CHILD CARE PERSONNEL

FAMILY/FAMILY GROUP CHILD CARE WHEN THERE ARE 5 OR FEWER SCHOOL AGE CHILDREN PRESENT, THE FAMILY CHILD CARE PROVIDER MAY, WITH WRITTEN PARENTAL PERMISSION, ALLOW SCHOOL AGE CHILDREN 6 YEARS OF AGE OR OLDER WHO ARE ENROLLED IN A FULL DAY SCHOOL PROGRAM, TO PLAY OUTSIDE WHEN THE PROVIDER IS INSIDE OR TO LEAVE THE PREMISES OF THE PROGRAM, UNSUPERVISED BY CHILD CARE PERSONNEL, TO PARTICIPATE IN A SPECIFIC ACTIVITY.

CHILD'S NAME: _____ DATE OF BIRTH: _____

CHILD CARE PROGRAM:_____

BY SIGNING BELOW I AUTHORIZE THE ABOVE NAMED PROVIDER TO ALLOW MY CHILD TO PLAY OUTSIDE WHEN THE PROVIDER IS INSIDE, ON THE FOLLOWING DATES:

_____
INDICATE DATES AUTHORIZED

WE HAVE AGREED THAT MY CHILD WILL ONLY BE ALLOWED TO PLAY IN THE FOLLOWING OUTSIDE AREA:

_____
INDICATE AREA IN WHICH CHILD WILL BE ALLOWED TO PLAY

I AUTHORIZE THE ABOVE NAMED PROVIDER TO ALLOW MY CHILD TO LEAVE THE PREMISES, UNSUPERVISED ON THE FOLLOWING DATES:

_____
INDICATE DATES AUTHORIZED

FOR THE FOLLOWING TIME PERIODS:_____

TO GO TO THE FOLLOWING DESTINATION(S) OR TO PARTICIPATE IN THE FOLLOWING ACTIVITIES:

_____
PLEASE LIST ALL PRE-APPROVED DESTINATIONS AND/OR ACTIVITIES

_____
SIGNATURE OF PARENT(S)   DATE SIGNED

****

AUTHORIZATION TO ALLOW CHILD TO LEAVE SUPERVISION OF CHILD CARE PERSONNEL

CENTER BASED PROGRAMS: THE CENTER DIRECTOR MAY, WITH WRITTEN PARENTAL PERMISSION, ALLOW SCHOOL AGE CHILDREN AGE 6 AND OLDER WHO ARE ENROLLED IN A FULL DAY SCHOOL PROGRAM, TO LEAVE THE PREMISES OF THE PROGRAM, UNSUPERVISED BY CHILD CARE PERSONNEL, TO PARTICIPATE IN A SPECIFIC ACTIVITY.

CHILD'S NAME: _____ DATE OF BIRTH: _____

CHILD CARE PROGRAM:_____

BY SIGNING BELOW, I AUTHORIZE THE ABOVE NAMED PROVIDER TO ALLOW MY CHILD TO LEAVE THE PREMISES, UNSUPERVISED ON THE FOLLOWING DATES:

_____
INDICATE DATES AUTHORIZED

FOR THE FOLLOWING TIME PERIODS:_____

TO GO TO THE FOLLOWING DESTINATION(S) OR TO PARTICIPATE IN THE FOLLOWING ACTIVITIES:

_____
PLEASE LIST ALL PRE-APPROVED DESTINATIONS AND/OR ACTIVITIES

_____
SIGNATURE OF PARENT(S)   DATE SIGNED