

White Rock Child Development Center Travel and Activity Authorization

I, _____ parent/guardian of
Name of Parent/Guardian
_____ give my permission to
Name of Child

White Rock Child Development Center to transport my child to and from the center in the facility, parent, or staff owned vehicle for field trips and emergency purposes. I understand that the facility will notify me each time my child is to participate in an activity that would involve transportation. I understand that I am responsible for providing the center with an adequate safety restraint seat for my child in order for him/her to participate.

In addition, if the center has planned activities outside the fenced area of the facility,

___ I **will** allow my child to play outside the fenced area; or
___ I **will not** allow my child to play outside the fenced area.

Parent/Guardian Signature

Date Signed

*This blanket authorization is valid one year from date signed.