TRAVEL AND ACTIVITY AUTHORIZATION

Blanket Permission for this Activity	,					
Special One –time Permission Only						
X Blanket Permission for All Given A	ctivities					
Name of Child:		Date:				
Ī	nai	ent/guardian of				
I,(name of parent/guardian)		parent/guardian of (name of child)				
give my permission to	for my child to	participate in the fol	lowing activities	:		
Trips in the van/ automobile (facility or parent ow	vned):					
(E	xplain planned activity	; where and when)				
Field trips away from the facility:						
(E	xplain planned activity	; where and when)				
participate in an activity that would involve to Signature of Parent/ Guard	ian:					
Date Signed	d:					
This authorization is valid from:	///	to	/	/		
Authorization to						
In addition, if the facility has planned acti	ivities outside the	e fenced area o	f the facility	7:		
X_ I will allow my child to play outside	the fenced are; or					
I will not allow my child to play out	side the fenced are	a				
Signature o	of Domont/Cuan	lian.				
	of Parent/ Guard Date Sign	nan ned:				