Child Care Parent/Guardian Permission

Child's Name	Last	First	Middle Initial	Licensee's Name St. John School, Extended Day Care				
Transportation and off-site activity								
I give my permission for the licensee or the licensee's staff to take my child: Yes No								
To and/or from school: By a personal vehicle By riding with my child on public transportation By walking with my child						<u>No</u>		
Ву Ву	a personal vo riding with r	ehicle ny child on p	ublic transportation	be given at least 24 hours before an and the second s		field trip is taken):		
Ву Ву	riding with r	ny child on p	ublic transportation	on				
Ву	a personal vo riding with r	ehicle ny child on p	ublic transportation):				
Water activities including swimming pools and other bodies of water								
			the licensee's staf swimming pool c	f to: or other body of water	Yes	<u>No</u>		
Bathing								
I give my permission for the licensee or the licensee's staff to:					Yes	No		
Give my child a bath or shower if my child needs to be cleaned after having an accident such as diarrhea or vomiting								
Give my cl	nild a bath or	shower if my	child is enrolled	in overnight child care				

Photo, video, or surveillance activity							
I give my permission for the licensee or the licensee's staff to:	Yes	No					
Take photographs of my child							
Take video of my child	🗌						
Capture my child's image on surveillance video used at this child care facility							
Food cooked by another child's parent or guardian (on special occasions only)							
I give my permission for the licensee or the licensee's staff to:	Yes	No					
Serve my child food prepared, cooked or backed at home by another child's parent or guardian (on special occasions only)	🗆						
I have reviewed the licensee's written policies and have had the opportunity to discuss with the licensee the policies pertaining to the items listed on this permission form.							
Parent or guardian signature Date							
Parent or guardian signature Date							