

Describe any special needs instructions below, or allergies:

Person's the child may be released to:

Name	Relationship to child	Address	Telephone number
		City: State: Zip:	
		City: State: Zip:	
		City: State: Zip:	
		City: State: Zip:	
		City: State: Zip:	

I understand that the Department of Human Resources does not inspect activities away from the childcare facility. The licensee of the childcare facility assumes full responsibility for such activities.

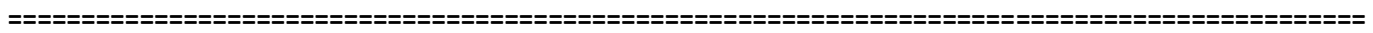
_____ / _____
Signature of parent / guardian Date

I give permission for my child to participate in:

Circle yes or no and sign each line

Activities away from the center	Yes	No	Signature parent / guardian	Date
Transportation provided by the facility			Signature parent / guardian	Date
Swimming/wading activities provided by the facility			Signature parent / guardian	Date

Form not valid without signature of child's parent / guardian in each space indicated above.



This section to be completed by the facility's staff.

Child's first day of attendance: _____ **Child's withdrawal date:** _____