



DIVISION OF EARLY LEARNING
Licensing and Compliance Unit

PHONE: (202) 727-1839 • FAX: (202) 741-5304

MAILING ADDRESS: 810 FIRST STREET, NE • 4th FLOOR • WASHINGTON DC 20002

PLEASE TYPE OR PRINT

TRAVEL AND ACTIVITY AUTHORIZATION

Special 1-time permission for this activity only

Blanket permission for all given activities

I, _____ parent/guardian of
Name of Parent/Guardian

_____ give my permission to
Name of Child

_____ for my child to participate in
the following activities:

Trips in the van/automobile (facility or parent -owned)

_____ Explain planned activity — where and when

Field trips away from the facility

_____ Explain planned activity — where and when

I understand that the facility will use the appropriate child restraint devices and abide by all District of Columbia safety rules when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

In addition, if the facility 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.

This authorization is valid from _____/_____/_____ to _____/_____/_____

Parent/Guardian Signature

Date Signed

NOTE: Place on file in child's folder/record