

Lil Chiefs Child Care Center LLC
Permission Authorization

Child's Full Name: First Middle Last

Provider's Name:

Lil Chiefs Child Care Center LLC

The provider or assistant has my/our permission to transport my/our child in a motor vehicle to go:

| | Yes | No |
|--------------------------------|-------|-------|
| 1. On field trips..... | _____ | _____ |
| 2. To and from school..... | _____ | _____ |
| 3. To obtain medical care..... | _____ | _____ |
| 4. Other (specify below)..... | _____ | _____ |

** This permission is granted on condition that the provider complies with the provision of WAC 388-155-165 Transportation.**

The Provider or assistant has my permission to:

| | Yes | No |
|---------------------------------|-------|-------|
| 1. Take my child on walks..... | _____ | _____ |
| 2. Take photos of my child..... | _____ | _____ |
| 3. Other (specify below)..... | _____ | _____ |

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
