Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care 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 facility:	**yes**	**no**	**Signature of parent/guardian**	**Date**
Transportation provided by the facility:	**yes**	**no**	**Signature of parent/guardian**	**Date**
Swimming/wading activities provided by the facility:	**yes**	**no**	**Signature of parent/guardian**	**Date**

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

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

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

Additional information may be attached.