

**ISANTI COUNTY FAMILY SERVICES
FAMILY DAY CARE**

TRAVEL AND ACTIVITY AUTHORIZATION

I give permission for my/our child, _____, age _____ to leave the family daycare home for travel in a car or on public transportation for any reason. Conditions under which children are transported are described under the Provider Policies.

I give permission for my/our child to walk to and/or participate in activities geared for my child but away from the day care home under the supervision of provider or adult helper.

I give permission for my school-age child, _____, to participate in _____ outside the residence. I understand my child will not be under the supervision of the day care provider, substitute, or helper.

(Name of Activity)

(Signature of Parent)

(Date)