



**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**