**SAMPLE PERMISSION & UNDERSTANDING STATEMENTS**

\_\_\_\_ I understand that every effort will be made to contact me in case of an emergency. If I'm not able to be reached during a medical emergency, I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Child Care Program/Provider) to obtain emergency medical care for my child (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_). In addition, if my child requires emergency medical transportation, I authorize my child to be transported.

\_\_\_ I authorize my child (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) to participate in wading pool activities.

\_\_\_ I authorize my child (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) to participate in swimming activities.

\_\_\_ I authorize transportation to be provided. I acknowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Child Care Program/Provider Name) has provided me with a general description detailing types, frequency, and sample destinations when children may be transported.

\_\_\_ I authorize my child (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) to participate in walking trips.

\_\_\_ I acknowledge that if religious activities are offered, I have been given a general description of these activities.

\_\_\_ I have been informed that tobacco products or tobacco substitutes (e.g. e-cigarettes) will/will not (circle one) be used in the family child care home, but not when children are present.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent/Guardian Signature) Date