

## Travel Authorization Form Clarification

**Please read carefully and fill out the authorization form accordingly:**

- This authorization form allows teachers to take children on neighborhood walks, buggy rides and the occasion visit to AU's park. **Blanket permission must be selected for outdoor participation. You must also check the box that says you will allow your child to play outside of the fenced area** for them to be permitted to join their class on walks, rides, and park visits.

*We understand the hesitancy to check this, but we will **never** take the children anywhere aside from the activities listed above without parent's explicit permission. We are simply unable to change the language because it is part of our licensing agency's requirement (OSSE).*

- The form **does not** provide blanket permission for all field trips. Permission slips for each field trip will be released.
- Children under 2 years of age cannot ride charter buses to and from field trips. Parents must provide transportation for those children to attend.
- Please have an end date that considers the child's full time of enrollment at SAECC. (outdate the form to end at the age of 5 or 6). This prevents families from needing to sign the form yearly.



**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**