

PERMISSION FOR OUTDOOR ACTIVITIES
Family Day Care and Group Family Day Care

This provider (child care provider's name) _____ and staff may take my child
_____ for short walking rips and any other activities checked below as part of the Day
Care program activities.

___ Provider's backyard ___ Neighborhood Park ___ Other

*All age groups of children should expect to participate in gross motor play, **preferably using an onsite outdoor play space** per Health and Safety Guidance for Emergency FCC during this time.*

Parent's Signature:

Name (please print): _____	Signature: _____
Date: _____ (Month/Day/Year)	

Child Care Provider's Signature:

Name (please print): _____	Signature: _____
Date: _____ (Month/Day/Year)	