

Routine Trip Permission Form

Child's Name: _____ **Date of Birth:** _____

Parent/Guardian's Name: _____

Check the permission box beside each described trip for your child to participate in that routine event. This permission form is valid for one year from the date signed.

Destination Name	Destination Address	Mode of Transportation	CHECK BOX for Child to Participate
Sidewalks on Properties Adjacent to Brilliant Beginnings	Marker Road Versailles, OH 45380	Walking	<input type="checkbox"/>
Worch Memorial Library	790 S. Center Street Versailles, OH 45380	Walking - or - Provider Vehicle	<input type="checkbox"/>
Versailles Health Care Center	200 Marker Road Versailles, OH 45380	Walking - or - Provider Vehicle	<input type="checkbox"/>
Ward Park	Park Blvd. Versailles, OH 45380	Walking - or - Provider Vehicle	<input type="checkbox"/>
Versailles Elementary Playground	280 Marker Road Versailles, OH 45380	Walking	<input type="checkbox"/>
Heritage Park	Hurbert Street Versailles, OH 45380	Walking - or - Provider Vehicle	<input type="checkbox"/>
Versailles Schools (before and after school)	280 Marker Road Versailles, OH 45380	Walking - or - Provider Vehicle	<input type="checkbox"/>

CHECK ONE: My child is... 8 years or older or over 4'8" tall;
 over 4 years and 40 lbs., but under 8 years or 4'9" tall;
 under 4 years or 40 lbs.

I grant permission for my child to participate in the routine trip described above. All above trips are planned as walking, with a contingency plan to drive using provider vehicles in case of inclement weather. I understand that during the trips above, my child will not have access to water 18 inches or more in depth.

Parent/Guardian Signature

Date