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	
Worch Memorial Library	790 S. Center Street Versailles, OH 45380	Walking **- or -** Provider Vehicle	
Versailles Health Care Center	200 Marker Road Versailles, OH 45380	Walking **- or -** Provider Vehicle	
Ward Park	Park Blvd. Versailles, OH 45380	Walking **- or -** Provider Vehicle	

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