Routine Trip Permission Form

Child's Name:	Date of Birth:		
Parent/Guardian's Name:			
Check the permission b routine event. This perm			<u> </u>
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	
Ward Park	Park Blvd. Versailles, OH 45380	Walking - or - Provider Vehicle	
CHECK ONE : My c	hild is	s 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.	
grant permission for my bove trips are planned as rehicles in case of incleme vill not have access to war	s walking, with a conti ent weather. I underst	ngency plan to driv	ve using provider
Parent/Guardian Signature		 Date	