

WATER ACTIVITIES FIELD TRIP AUTHORIZATION

THIS SECTION TO BE COMPLETED BY THE CHILD CARE PROGRAM

NAME OF CHILD CARE PROGRAM _____

NAME OF CHILD _____

ON THE FOLLOWING DATE(S)

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.

WE WILL BE TAKING A FIELD TRIP WHICH WILL INVOLVE WATER ACTIVITIES, TO THE FOLLOWING DESTINATION(S)

INCLUDE NAME AND ADDRESS FOR WATER ACTIVITY FIELD TRIP DESTINATION

DESTINATION NAME & ADDRESS	ESTIMATED TIME OF ARRIVAL	DEPARTURE
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THIS SECTION TO BE COMPLETED BY PARENT(S)

PLEASE DESCRIBE YOUR CHILD'S SWIMMING ABILITY AND WHETHER OR NOT YOUR CHILD IS AFRAID OF SWIMMING OR BEING IN OR NEAR THE WATER.

SIGN BELOW AND INDICATE FOR EACH TRIP, WHETHER YOU **DO** OR **DO NOT** WANT YOUR CHILD TO ATTEND.

MAY ATTEND TRIP #	MAY NOT ATTEND TRIP #	SIGNATURE OF PARENT/ GUARDIAN	DATE SIGNED

CHILD CARE PERSONNEL MUST ENSURE COMPLIANCE WITH **ALL RULES** REGARDING WATER ACTIVITIES, FIELD TRIPS, AND TRANSPORTATION, INCLUDING BUT NOT LIMITED TO SUPERVISION, AND STAFF TO CHILD RATIOS FOR WATER ACTIVITIES.

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