



## ROUTINE TRIP PERMISSION FORM

**Routine Trips means frequent or regularly scheduled excursions from the provider's home.**

CHILD'S NAME	CHILD'S NAME
CHILD'S NAME	CHILD'S NAME
CHILD'S NAME	CHILD'S NAME



ROUTINE TRIP DESTINATION	ROUTINE TRIP DESTINATION
ROUTINE TRIP DESTINATION	ROUTINE TRIP DESTINATION
ROUTINE TRIP DESTINATION	ROUTINE TRIP DESTINATION
ROUTINE TRIP DESTINATION	ROUTINE TRIP DESTINATION
ROUTINE TRIP DESTINATION	ROUTINE TRIP DESTINATION

I, \_\_\_\_\_, grant permission for my child(ren), listed above,  
PRINT CARETAKER'S NAME  
 to participate in the above listed Routine Trips with \_\_\_\_\_.  
PRINT PROVIDER'S NAME

I understand this permission is valid for one year or until withdrawn by me for all routine trips. The provider shall attach to my child(ren) a telephone number and the name to contact in the event that my child(ren) becomes lost. The provider shall have available on all routine trips the JFS01297 Child Enrollment and Health Information and JFS01928 Child Medical/Physical Care Plan for my child(ren) being transported on these routine trips. The provider shall also have a working cellular phone, which shall not be used by a driver while the vehicle is in motion, and the required first aid supplies.

\_\_\_\_\_  
 CARETAKER'S SIGNATURE

\_\_\_\_\_  
 PROVIDER'S SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 DATE