SWIMMING PERMISSION FORM

The provider shall obtain written permission from the caretaker, BEFORE children are permitted to swim in water two or more feet in depth and BEFORE infants and toddlers use wading pools.

LOCATION OF APPROVED OFF-SITE SWIMMING SITE		DATE OR DATES THAT SWIMMING WILL OCCUR:	
CHILD'S NAME	DATE OF BIRTH	CIRCLE ONE **SWIMMER**	**NON-SWIMMER**
CHILD'S NAME	DATE OF BIRTH	CIRCLE ONE **SWIMMER**	**NON-SWIMMER**
CHILD'S NAME	DATE OF BIRTH	CIRCLE ONE **SWIMMER**	**NON-SWIMMER**
CHILD'S NAME	DATE OF BIRTH	CIRCLE ONE **SWIMMER**	**NON-SWIMMER**
CHILD'S NAME	DATE OF BIRTH	CIRCLE ONE **SWIMMER**	**NON-SWIMMER**
CHILD'S NAME	DATE OF BIRTH	CIRCLE ONE **SWIMMER**	**NON-SWIMMER**

I, _____ grant permission for my child(ren), listed above,
PRINT CARETAKER'S NAME
to participate in the above listed swimming activity with _____.
PRINT PROVIDER'S NAME

If this is an off-site location, 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 the JFS01297 Child Enrollment and Health Information and JFS 01928 Child Medical/Physical Care Plan for my child(ren) being transported. 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.

I understand that my child(ren) will be transported to swimming by _____.
(Examples: Provider's vehicle, other parents' vehicles, public transportation, etc.)

I understand this permission is only valid for twelve months or until withdrawn by the caretaker.

_____ _____
CARETAKER'S SIGNATURE **DATE**

_____ _____
PROVIDER'S SIGNATURE **DATE**

This form shall be used to meet the requirements of chapter 5101:2-14 of the Ohio Administrative Code.