**Logo, company name

Description automatically generated**

**ACTIVITY PERMISSION FORM**

**Bikes/Trikes/Bounce House/Face Paint/ Transportation/Water Play**

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Initial “Give” or “Do Not” Give below**

I hereby \_\_\_\_\_\_\_\_\_\_ give \_\_\_\_\_\_\_\_\_\_ **do not** give-consent for my child to be transported by ambulance/police and supervised by a Community of Faith Weekday Preschool employees for emergency medical care.

I hereby \_\_\_\_\_\_\_\_\_\_ give \_\_\_\_\_\_\_\_\_\_\_ **do not** give-consent for my child to participate in the following weekday preschool activities-

Bikes, Trikes, Coupe Cars, Bounce House, Face Painting, Water Activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

*REV8.2022*