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**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*