

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

**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.