

## Travel Authorization Form

***Please read the following information regarding this document:***

- The form **does not** provide blanket permission for all field trips. Permission slips for each field trip will be released.
- This document authorizes teachers to take children on neighborhood walks and buggy rides. Blanket permission must be selected for outdoor participation.
- Children under 2 years of age cannot ride charter buses to and from field trips. Parents must provide transportation for those children to attend.
- Please have an end date that considers the child's time of enrollment at SAECC. For example, if your child is currently 1 years old, please outdate the form to end at the age of 5. This prevents families from needing to sign the form yearly.

For questions regarding this document, please contact Ms. Sade at [sheiss@saecc.org](mailto:sheiss@saecc.org).

Thank you.



**DIVISION OF EARLY LEARNING**  
**Licensing and Compliance Unit**

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PLEASE TYPE OR PRINT

**TRAVEL AND ACTIVITY AUTHORIZATION**

☐ Special 1-time permission for this activity only

☐ Blanket permission for all given activities

I, \_\_\_\_\_ parent/guardian of  
Name of Parent/Guardian

\_\_\_\_\_ give my permission to  
Name of Child

\_\_\_\_\_ for my child to participate in  
the following activities:

**Trips in the van/automobile** (facility or parent -owned)

\_\_\_\_\_  
Explain planned activity — where and when

**Field trips away from the facility**

\_\_\_\_\_  
Explain planned activity — where and when

I understand that the facility will use the appropriate child restraint devices and abide by all District of Columbia safety rules when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

In addition, if the facility has planned activities outside the fenced area of the facility,

☐ I will allow my child to play outside the fenced area; or \_\_\_\_\_

☐ I will not allow my child to play outside the fenced area.

This authorization is valid from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

**NOTE: Place on file in child's folder/record**