



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION

CHILD & RESIDENTIAL  
CARE FACILITIES DIVISION

Phone: (202) 442-5929  
Fax: (202) 442-9430

MAILING ADDRESS:

825 North Capitol Street, NE  
Second Floor  
Washington, DC 20002

**TRAVEL AND ACTIVITY AUTHORIZATION**

Special one (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