Joyful Journeys Child Care Permission Authorization

Child's Name		First Middle Last		Last	Provider's Name						
								E	unae Cho)	
Consent to Medical Care and Treatment of Minor Children I hereby give permission that my child,											
The provider or assistant has my/our permission to transport my								ia in a r	notor venic	tie to go:	
1	To and	from school-			Y]	E S]	N	(O			
2	To obta	nin medical o	eare		[]	[]			
3.	On occa	asional errar	nds		[]	[]			
4.	Other(s	specify below	i)======	======	[]	[]			
This pro			as my/our per of my child	mission to	[]	[]			
2.	Give m	y telephone are family	number and a	ddress to our	[]	[]			
3.	Give tr	im care such	as nails, toes,	hair	[]	[]			
4.	Give ex	tra clothes i	f no extra in y	our cubby	[]	[]			
5.	Give ar	ny kind of di	aper if no extra	a in your	[]	[]			
6.	Give ha	air brush du	ring blessing ti	ime ned	[]	[]			
7. 8. 9.	Give ha	and sanıtızeı	n it cut or skinn rs as needed w)		[]	[]			
Parent/C	Guardian	Signature			Date						