

Child's name	First	Middle	Last	Licensee's Name																					
The provider or assistant has permission to transport my child in a motor vehicle to go: <table> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>1. On field trips</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>2. To and from school</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>3. To obtain medical care</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>4. On occasional errands</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>5. Other (specify below):.....</td> <td>☐</td> <td>☐</td> </tr> </table> This permission is granted when the licensee follows all the requirements for transporting children. WAC 170-296-1250						Yes	No	1. On field trips	☐	☐	2. To and from school	☐	☐	3. To obtain medical care	☐	☐	4. On occasional errands	☐	☐	5. Other (specify below):.....	☐	☐			
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