

# My Little Blue Dolphins Family Day Care



LIC # 013419904

## Transportation Permission

Today's Date: \_\_\_\_\_

I \_\_\_\_\_ authorize \_\_\_\_\_  
*(Parent / Guardian Name)* *(Provider's Name)*

to transport my child \_\_\_\_\_ by \_\_\_\_\_.  
*(Child's Name)* *(Transportation type)*

This travel will occur on a (Daily, Weekly, Monthly, One Time, As Needed) basis.  
*(Please Circle One)*

Special Remarks or Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- All transportation will be conducted in accordance with state transportation laws and requirements
- All vehicles will be appropriately licensed and insured
- Your child will be transported in an approved child safety seat or will wear a seat belt as required

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date