DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

TRAVEL AND ACTIVITY AUTHORIZATION

❑ Special one time permission for this activity only ■ Blanket permission for all given activities

I, _____ parent/guardian of
Name of Parent/Guardian

_____ give my permission
Name of Child

National Child Research Center for my child to participate in the following activities:

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

Require a separate and specific authorization.
Explain planned activity - where and when

Field trips away from the facility

Require a separate and specific authorization, except in case of an emergency or evacuation of NCRC - Authorization to relocate is hereby expressly given.
Explain planned activity - where and when

I understand that the facility will use the appropriate child restraint devises 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 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 06/01/2020 to 06/08/2021

_____ _____
Parent/Guardian Signature Date Signed

PLEASE KEEP A COPY IN THE CHILD'S FILE.