

# Excursion and Transportation Consent

## (Required Form)

I hereby give permission to AUGUST HOME DAYCARE  
(Name of child care provider)

for my child \_\_\_\_\_ for the following:  
(Name of child)

to participate in excursions, not involving transportation or neighbourhood walks:

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Yes

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No

to participate in excursions involving public or private transportation

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Yes

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No

Comments or Exceptions:

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Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Note: When a parent or guardian does not authorize his/her child to participate in an excursion, AUGUST HOME DAYCARE will provide alternate care.



AUGUST HOME DAYCARE