



Permission Form

I _____

GRANT PERMISSION TO: _____

ON (DATE): _____

FOR THE FOLLOWING: (PLACE CHECK IN APPROPRIATE BOX):

☐ WALK: (HOTEL LOBBY / NOT OFF HOTEL PROPERTY)

☐ WALK: (OFF HOTEL PROPERTY / GENERAL AREA)

☐ BATHING

☐ MEDICATION

TYPE: _____

AMOUNT: _____

TIME: _____

☐ OUTINGS (USING PUBLIC TRANSPORTATION)
ALL COST OF OUTING TO BE PAID IN ADVANCE BY GUEST.

COSTS INCLUDE YET NOT LIMITED TO:

EVENT FOR CHILDREN AND PROVIDER

TRANSPORTATION FOR CHILDREN AND PROVIDER

MEALS FOR CHILDREN AND PROVIDER

SOUVENIRS FOR CHILDREN

ALL RECEIPTS FOR COSTS OF OUTING TO BE SUBMITTED BY PROVIDER AT THE END OF ASSIGNMENT

☐ PAY PER VIEW MOVIE

DATE: _____

CHILD CARE PROVIDER: _____

TOTAL AMOUNT RECEIVED: _____

**THIS FORM IS A PROPERTY OF BAY AREA CHILD CARE AGENCY
TIPS ARE APPRECIATED**