

Transportation Permission – Child Care Centers

Use of form: Use of this form is voluntary. However, completion of this form will help ensure compliance with portions of DCF 250.08, DCF 251.08 and DCF 252.09 of the Wisconsin Administrative Codes regarding regularly scheduled, center-provided / center-contracted transportation of children in care to and from the center. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file at the center and update the information as needed. The center shall maintain the completed form in the child's file for the duration of the child's enrollment. Note: A copy of this form shall be carried in the vehicle when transporting the child. If the child has special health care needs, also include a copy of CFS-2346, Health History – Child Care Centers.



A. CHILD INFORMATION			
Name		Address – Home (Street, City, State, Zip Code)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the child have any special health care needs? If "Yes", attach the department form, "Health History – Child Care Centers."			
B. PARENT / GUARDIAN INFORMATION Provide information where the parent / guardian may be reached while the child is in care.			
1.	Name	Telephone Number – Home	Telephone Number – Work
	Address (Street, City, State, Zip Code)		
2.	Name	Telephone Number – Home	Telephone Number – Work
	Address (Street, City, State, Zip Code)		
C. EMERGENCY CONTACT INFORMATION Provide information on the person to contact if the parent / guardian cannot be reached.			
Name		Address (Street, City, State, Zip)	Telephone Number
D. AUTHORIZED DESTINATIONS / PERSONS INFORMATION			
	Address Child Transported From (Street, City)	Address Child Transported To (Street, City)	Person Authorized to Receive Child
1.			
2.			
3.			
4.			
Procedure to follow when parent / guardian or authorized adult is not at destination to receive child – Specify.			
E. CHILD'S HEALTH CARE PROVIDER INFORMATION			
Name – Physician		Address (Street, City, State, Zip Code)	Telephone Number
F. AUTHORIZATION			
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.		
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No I hereby give permission for my school-aged child to enter a building unescorted.		
SIGNATURE – Parent / Guardian			Date Signed



Field Trip Or Other Activity Notification / Permission – Child Care Centers

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 250.04(6)(a)2., DCF 251.04(4)(a)4. and 251.04(6)(a)4., and DCF 252.41(4)(a)4. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]. This form may be used both to notify parents of the specific date, time and destination of field trips which require the use of a vehicle and to obtain parental authorization for a child to participate in and be transported to and from a field trip. Note: The Child Care Enrollment form also contains a section for obtaining authorization from a parent to participate in field trips if the center chooses to use that form.

Instructions: Complete the form and submit to the parents / guardians for their signature prior to the date of the upcoming field trip.

Name – Center or Day Camp <input style="width: 95%;" type="text"/>		Name – Child <input style="width: 95%;" type="text"/>	
Date(s) – Field Trip or Other Activity <input style="width: 95%;" type="text"/>	Departure Time <input style="width: 95%;" type="text"/>		Estimated Return Time <input style="width: 95%;" type="text"/>
Destination <input style="width: 95%;" type="text"/>			Type of transportation: <input type="checkbox"/> Center vehicle <input type="checkbox"/> Parent / volunteer vehicle <input type="checkbox"/> Contracted vehicle <input type="checkbox"/> Public transportation
Name – Center or Day Camp <input style="width: 95%;" type="text"/>			
I authorize the facility listed above to take my child on a field trip or other activity on the date(s) indicated.			
SIGNATURE – Parent or Guardian <input style="width: 95%; height: 20px;" type="text"/>			Date Signed <input style="width: 95%; height: 20px;" type="text"/>

ALTERNATE ARRIVAL / RELEASE AGREEMENT – CHILD CARE CENTERS

Use of form: This form is voluntary. However, this completed form, when on file in the child's record, meets the requirements of DCF 250.04(6)(a)3. and DCF 251.04(6)(a)5. and 251.095(4)(a)2. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Complete this form for placement in the child's file when the child will arrive at the center from school, home or other activities, or depart from the center to go to school, home or other activities, and the child will not be accompanied by a parent or other previously authorized person or transported by the center. This form should be updated as information changes. Periodic review with the parent / guardian is recommended to ensure safety. If the center transports the child, the department's form "Transportation Permission – Child Care Centers" may be used to obtain parental authorization.

ARRIVAL INSTRUCTIONS	
My child	<input style="width: 95%;" type="text"/> (Child's name)
will arrive at	<input style="width: 95%;" type="text"/> (Name of center)
from	<input style="width: 95%;" type="text"/> (School, home or other activity)
by way of	<input style="width: 95%;" type="text"/> (Walking, bicycle, bus, car pool, etc. Be as specific as possible.)
at	<input style="width: 20%;" type="text"/> <input type="checkbox"/> A.M. OR <input type="checkbox"/> P.M. (Time of arrival)
on	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday (Days of the week)
My child will arrive from this destination <input type="checkbox"/> with OR <input type="checkbox"/> without center supervision.	
RELEASE INSTRUCTIONS	
My child	<input style="width: 95%;" type="text"/> (Child's name)
will leave	<input style="width: 95%;" type="text"/> (Name of center)
by way of	<input style="width: 95%;" type="text"/> (Walking, bicycle, bus, car pool, etc. Be as specific as possible.)
to go to	<input style="width: 95%;" type="text"/> (School, home or other activity)
at	<input style="width: 20%;" type="text"/> <input type="checkbox"/> A.M. OR <input type="checkbox"/> P.M. (Time of departure)
on	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday (Days of the week)
My child will travel to this destination <input type="checkbox"/> with OR <input type="checkbox"/> without center supervision.	
ADDITIONAL INSTRUCTIONS	
<input style="width: 95%; height: 80px;" type="text"/>	
I understand that I am responsible for notifying the center of any changes in this schedule such as vacation, school conference days, etc.	
SIGNATURE – Parent	Date Signed (mm/dd/yyyy)
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>