

FORT HOOD FAMILY CHILD CARE

OPTIONAL PERMISSION/WAIVER REGARDING TRANSPORTATION OF CHILDREN IN VEHICLES

I, _____, hereby authorize:
 (NAME OF PARENT/GUARDIAN)

NAME OF CHILD(REN)

to be transported by _____
 (NAME OF PROVIDER AND/OR MEMBER OF PROVIDER'S HOUSEHOLD)

in a motor vehicle for the following purpose(s) indicated:

I have read the information in the Parental Statement of Understanding regarding automobile insurance coverage and(check one of the following):

I am satisfied based on my own review that the family child care provider or other person I have authorized to transport my child has adequate automobile insurance coverage and that the provisions of the automobile insurance policy specifically cover injuries and deaths arising out of an automobile accident occurring during the course of conducting a child care business.

I specifically agree to hold the family child care provider (or other person I have authorized to transport my child) harmless from any claim or suit at law based on a death or injury to my child caused by the negligence of the provider or authorized driver during the course of transporting my child by motor vehicle as authorized above to the extent that such loss is not otherwise covered by the terms of the provider's or authorized driver's automobile insurance policy.

PLEASE CHECK THE PROGRAM (1) IN WHICH YOUR CHILD WILL BE ENROLLED

CHILD(REN) NAME(S)	AGE	FULL DAY	PARTDAY PRESCHOOL	PARTDAY SCHOOLAGE	HOURLY	SPONSOR'S INFORMATION (IF DUAL MILITARY PUT BOTH RANKS)	
						SPONSOR'S RANK	
						DUAL MILITARY	
						SOLE PARENT	
DATE CHILD(REN) WERE REGISTERED			LIVE ON POST			YES	NO

 (DATE)

 (TYPE OR PRINT NAME)

 (SIGNATURE OF PARENT/GUARDIAN)