

# PERMISSION SLIP



I, \_\_\_\_\_ give permission  
for my child, \_\_\_\_\_ to be  
transported from

\_\_\_\_\_ after school lets out each day. I release  
Blessings From Above Christian Child Care Center  
from any liability or responsibility as long as they  
act responsibly and are not neglectful. If an  
emergency arises while in route from the school  
to the center, I give permission for my child to  
have any necessary medical treatment.

Parent  
Signature: \_\_\_\_\_

Director  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_