

Water Activity Permission Form

Form provided by ND Child Care Resource & Referral Health Consultant Team

Name of child: _____ Date of Birth: _____ Age: _____

I _____ give consent for _____
(Name of parent/guardian) (Name of child)

to participate in water activities while at _____
(Name of provider/facility)

I understand that my child's care provider will:

- Maintain a safe staff to child ratio while participating in water activities
- Closely monitor my child and will never leave them unattended while they are participating in the water activities listed below.

My child may participate in: Please check all that apply

- Water Table Play
- Swimming in backyard pool
Describe pool type (wading, underground, 3 to 4 ft. above ground) _____
- Slide & Slide
- Sprinkler
- Community Pool / Water Slide
Location / Address: _____

My child's swimming abilities: Please check all that apply

- A non-swimmer
- Has successfully completed formal swimming lessons
Describe what level/skills your child has in swimming: _____
- Has special needs with water activities
Please describe: _____

Expiration date of permission form: _____

Parent(s) or guardian(s) name: _____

Signature of parent/guardian: _____ Date: _____

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NORTH DAKOTA
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CHILD CARE RESOURCE & REFERRAL

Child Care Resource & Referral is a program of Lutheran Social Services in western North Dakota and Lakes and Prairies Community Action Partnership in eastern North Dakota