

Water Activity Permission Form Form provided by the Health Consultant Team at Child Care Aware® of North Dakota

Name of child:	Date of Birth:	Age:
		. The state of the small group to the second state of
I aiv	ve consent for	
(Name of parent/guardian)	ve consent for(Name of c	hild)
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 participatin Closely monitor my child and will never leave them water activities listed below. 	·	ı the
My child may participate in: Please check all that apply ☐ Swimming in on-site pool ☐ Describe pool type (wading, underground, 3 to 4 ft. above gro ☐ Slip & Slide		
☐ Community Pool / Water Slide Location / Address:		
My child's swimming abilities: Please check all that a	apply .	
☐ A non-swimmer		
☐ Has successfully completed formal swimming les Describe what level/skills your child has in swimming:		
☐ Has special needs with water activities Please describe:		
Parent(s) or guardian(s) name:		
Signature of parent/guardian:	Date*	
*Permission form effective for one year from da	ate of signing.	