

CHILD DEVELOPMENT SERVICES
FORT SILL, OKLAHOMA

PARENT PERMISSION SLIP

My child, _____, has my permission to participate in the following Family Child Care (FCC)/Tincher Child Development Center (TCDC) activity:

with his/her provider/class, _____

The purpose of the activity is: _____

Date of activity: _____

Approximate time of departure: _____

Approximate time of return: _____

Sponsor Consent: I, _____ (parent/guardian) of _____, give consent for an authorized CDS representative to take my child for care, medical or dental, in an emergency situation where the child's condition represents a serious or imminent threat to his/her life, health, or well-being. I understand a conscientious effort will be made to notify me prior to such action and the expense, if any, will be borne by me. Treatment at an Army medical facility may be provided without additional consent under the provisions of AR 40-1, paragraph 2-25b.

(SIGNATURE OF PARENT/GUARDIAN)

FS Form 367
(DCA) 15 Apr 97

DATE