

**St. Matthew Care Program  
2310 1<sup>st</sup> Avenue NE  
Cedar Rapids, Iowa 52402**

**TRAVEL AND ACTIVITY AUTHORIZATION**

I do/do not give permission for my child \_\_\_\_\_ to leave the above named facility for trips in a car, van, public transportation, or via foot to special places for field trips, walks to the park, shopping trips, etc. I understand that I will be notified before each such activity.

Restrictions:

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

\_\_\_\_\_  
Date

**PICTURE RELEASE**

I do/do not give my consent to let my child be photographed for use by the center in newspapers or other media for the purpose of publicity or advertisements.

Restrictions:

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

\_\_\_\_\_  
Date