

WADING POOL CONSENT FORM

By signing this form, I acknowledge that I have read the document titled: "Fact Sheet: Risks of Wading Pools at Family Child Care Homes." I have been given the opportunity to talk with my provider about the use of a wading pool and I understand the risks associated with the use of a wading pool by my child(ren) while they receive child care services.

_____ I **do** consent to my child care provider's use of a wading pool with my child(ren).

_____ I **do not** consent to my child care provider's use of a wading pool with my child(ren).

Signature of Parent or
Legal Guardian

Date

Name(s) of child(ren)

Signature of Child Care Provider

Date