



Child Placing Agency

HIGH RISK ACTIVITY

APPROVAL AND PERMISSION FORM

I, _____, parent, legal guardian, or legal custodian of _____, have taken into account the youth's age, maturity level, behavior disorder(s), suicidal tendencies, developmental delays, thrill-seeking behavior, and difficulty with anger control when considering whether to approve the following activities. Please initial approved activities for this youth. A copy will be provided to the foster family and placed in the child's file. This will also assist foster families and the Child Placing Agency to comply with DCF Licensing Regulations.

My initials in the box signify approval of the listed activity.

	Swim while being monitored by an adult who is CPR certified		Ride on all-terrain vehicles, i.e. 4-wheeler, go-cart, and motorcycle
	Ride horseback with experienced adult		Fish with an adult
	Shoot fireworks for the 4 th of July under direct supervision		Participate in sleepovers where there will be adult supervision by someone 18 or older
	Travel out-of-state with foster family for day visits such as shopping, sporting event, etc. *overnight stays require written permission & consent to travel		Take over-the-counter medications approved by a doctor. Note known allergies:
	Receive "routine" haircuts *no chemicals, colors, or significant changes will occur without prior consent		Participate in school/church related field trips in Kansas with approval by the Foster Parent
	Operate a lawnmower with adult supervision		Ride bikes, roller blade, and roller skate
	Camp with foster family which may include boating and/or water skiing with experienced adult		Operate power equipment, i.e. riding lawn mower, chain saw, carpentry saw, if 16 or older with experienced adult
	Participate in sports and other school related activities		Other: _____

The following guidelines MUST be adhered to for each activity listed above:

- All required safety gear will be used during activity
- Any safety plan established will be followed
- **Direct supervision by adult 18 or older will be provided at all times**

I have been made aware that the Foster Parent(s), in collaboration with DCCCA Child Placing Agency, will follow the above written plan for the outlined activities. A copy of this plan will be maintained in the foster home, in the youth's records in the home, and in the DCCCA Child Placing Agency record for the youth.

Parent, Legal Guardian, or Legal Custodian

Date

Permanency Worker

Date

Child Placing Agency Specialist

Date

Foster Parent

Date

Foster Parent

Date