

**South Carolina Department of Social Services  
Child Care Licensing  
AUTHORIZATION FOR INTERVENTION, THERAPY AND  
EXTRACURRICULAR ACTIVITIES**

I authorize \_\_\_\_\_ to remove  
Name of Person/Entity Providing Activity

\_\_\_\_\_  
Name of Child / Child's Date of Birth

from \_\_\_\_\_ and/or its programs from  
Name of Child Care Facility

\_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_  
Time Time Dates/Period of Service (See instructions below)

for the purpose of participating in \_\_\_\_\_ . I am aware that  
Type of Activity

while participating in \_\_\_\_\_ , my child **will not** be supervised  
Type of Activity

by a qualified staff person employed by \_\_\_\_\_ .  
Name of Child Care Facility

I am also aware that, \_\_\_\_\_ and its employees  
Name of Person/Entity Providing Activity

are not required to adhere to laws governing \_\_\_\_\_  
Name of Child Care Facility

including, but not limited to laws governing staff to child ratios, supervision, background checks, and educational training.

\_\_\_\_\_  
Parent/Guardian's Signature Date

\_\_\_\_\_  
Child Care Facility Director's Signature Date

\_\_\_\_\_  
Person Providing Activity's Signature Date

**Instructions:**

***This form must be completed and signed by all parties before providing services or activities. Beginning and ending dates should be used to show when the service or activity is being provided. If the service or activity continues for more than a year from the date it is signed, the form must be renewed.***