

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

I authorize _____ IMPACT CITY _____ to remove
Name of Person/Entity Providing Activity

Name of Child / _____
Child's Date of Birth

from _____ OAKTOWN ACADEMY _____ and/or its programs from
Name of Child Care Facility

2:00 PM to 3:00 PM on 9/9/26-4/28/27
Time Time Dates/Period of Service (See instructions below)

for the purpose of participating in _____ SOCCER _____. I am aware that
Type of Activity

while participating in _____ SOCCER _____, my child **will not** be supervised
Type of Activity

by a qualified staff person employed by _____ OAKTOWN ACADEMY _____.
Name of Child Care Facility

I am also aware that, _____ IMPACT CITY _____ and its employees
Name of Person/Entity Providing Activity

are not required to adhere to laws governing _____ OAKTOWN ACADEMY _____.
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.