THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

OFF SITE ACTIVITIES PERMISSION FORM

Section 1 - Program completes prior to parental consent

Program: _____

Name of Educator(s) responsible for child: _____

Name of off-site location and address: _____

_____

Date of off-site activity: _____ **Time Leaving Program:**_____ **Time Returning to Program:**_____

Method of Transportation: _____ **Fee associated with activity (if any):** _____

****NOTE**** Each child must carry on his/her person the name, address, and telephone number of staff or child care program whenever she/he is off the premises in care of the program.

Section 2 – Parent/Guardian completes prior to off-site activity

I give permission for my child to attend the above identified off-site activity

Child's Name: _____ **Child's Date of Birth:** _____

Parent's/Guardian's Name: _____ **Phone Number:** _____

I authorize child care program staff to secure necessary emergency medical treatment

Name of child's Physician, Address, phone number: _____

_____

Child's allergies, health conditions, or Individual Health Plan: _____

_____

Health Insurance Plan and Policy #: _____

Emergency Contact Name: _____ **Contact #:** _____

_____ _____

(Parent/Guardian Signature) **(Date)**

This form must accompany each child on the off-site activity

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