## 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:		
Date of off-site activity:	Time Leaving Program:	Time Returning to Program:
Method of Transportation:	Fee associated	with activity (if any):
	on his/her person the name, addres e premises in care of the program.	ss, and telephone number of staff or child care
Section 2 – Parent/Guardia	n completes prior to off-si	te activity
I give permission fo	or my child to attend the ab	ove identified off-site activity
Child's Name:	Child's Date of Birth:	
Parent's/Guardian's Name:	PI	hone Number:
I authorize child care pro	gram staff to secure neces	sary emergency medical treatment
Name of child's Physician, Addre	ess, phone number:	
Health Insurance Plan and Policy	y #:	
Emergency Contact Name:	me: Contact #:	
(Parent/Guard	lian Signature)	(Date)

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