

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care
Discover Preschool

OFF SITE ACTIVITIES PERMISSION FORM

Section 1 - Program completes prior to parental consent

<p>Program: _____</p> <p>Name of Educator(s) responsible for child: _____</p> <p>Name of off-site location and address: _____</p> <p>_____</p> <p>Date of off-site activity: _____ Time Leaving Program: _____ Time Returning to Program: _____</p> <p>Method of Transportation: _____ Fee associated with activity (if any): _____</p> <p>**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.</p>

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

<p>I give permission for my child to attend the above identified off-site activity</p>
<p>Child's Name: _____ Child's Date of Birth: _____</p> <p>Parent's/Guardian's Name: _____ Phone Number: _____</p> <p style="text-align: center;">I authorize child care program staff to secure necessary emergency medical treatment</p> <p>Name of child's Physician, Address, phone number: _____</p> <p>_____</p> <p>–</p> <p>Child's allergies, health conditions, or Individual Health Plan: _____</p> <p>_____</p> <p>–</p> <p>Health Insurance Plan and Policy #: _____</p> <p>Emergency Contact Name: _____ Contact #: _____</p>

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