THE COMMONWEALTH OF MASSACHUSETTS Department of Early Education and Care

OFF SITE ACTIVITIES PERMISSION FORM

Section 1 - Program completes prior to parental consent

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Name of Educator(s) responsible for child: Name of off-site location and address:	Program:		
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: Parent's/Guardian's Name: Phone Number: I authorize child care program staff to secure necessary emergency medical treatmen Name of child's Physician, Address, phone number:	Name of Educator(s) responsib	le for child:	
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:	Name of off-site location and a	ddress:	
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Name of child's Physician, Address, phone number:	Parent's/Guardian's Name:	PI	hone Number:
	I authorize child care pro	ogram staff to secure neces	ssary emergency medical treatment
Child's allergies, health conditions, or Individual Health Plan:	Name of child's Physician, Add	ress, phone number:	
Child's allergies, health conditions, or Individual Health Plan:			
	Child's allergies, health condition	ons, 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