

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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| <p>Program: <u>Butler Extended Day Program</u></p> <p>Name of Educator(s) responsible for child: _____</p> <p>Name of off-site location and address: <u>Lanes & Games; 195 Concord Turnpike, Cambridge, MA 02140</u> <u>We will be bowling; no video arcade - please do not send money.</u></p> <p>Date of off-site activity: <u>3/15/17</u> Time Leaving Program: <u>12:30 p.m.</u> Time Returning to Program: <u>3:15 p.m.</u></p> <p>Method of Transportation: <u>School bus</u> Fee associated with activity (if any): <u>None</u></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> |
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Section 2 – Parent/Guardian completes prior to off-site activity

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| <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>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>Child's allergies, health conditions, or Individual Health Plan: _____</p> <p>_____</p> <p>Health Insurance Plan and Policy #: _____</p> <p>Emergency Contact Name: _____ Contact #: _____</p> <p>_____</p> <p>(Parent/Guardian Signature) (Date)</p> |
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This form must accompany each child on the off-site activity