

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

**CONSENT FOR CHILD TO LEAVE THE PROGRAM
(MUST BE AGE 9 OR OLDER)**

Program Name: _____

Address: _____

I, _____ authorize my child, _____
(Parent/Guardian's Name) (Child's name)

to leave the program. This permission is in effect from _____ to _____.
(Date) (Date)

Activity/Location	Method of Transportation	Leave/Return Time	Restrictions

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation.

I recognize that my child will not be supervised by staff while s/he is away from the program.

I understand I am responsible for my child once s/he leaves the program.

(Parent/Guardian Signature) (Date)

(Program Staff Signature) (Date)

