

THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

**OFF SITE ACTIVITIES PERMISSION FORM**

**Section 1 - Program completes prior to parental consent**

Program:	<u>Woodside Children's Center</u>		
Name of Educator(s) responsible for child:	_____		
Name of off-site location and address:	<u>AC Campus, Track + football field</u> <u>down town Amherst</u>		
Date of off-site activity:	_____	Time Leaving Program:	_____
Time Returning to Program:	_____		
Method of Transportation:	<u>walking</u>	Fee associated with activity (if any):	_____
<b>**NOTE**</b> 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**

<b>I give permission for my child to attend the above identified off-site activity</b>	
Child's Name:	_____
Child's Date of Birth:	_____
Parent's/Guardian's Name:	_____
Phone Number:	_____
<b>I authorize child care program staff to secure necessary emergency medical treatment</b>	
Name of child's Physician, Address, phone number:	_____
_____	
Child's allergies, health conditions, 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**