

THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

**OFF SITE ACTIVITIES PERMISSION FORM**

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

Program: \_\_\_\_\_

Name of Educator(s) responsible for child: \_\_\_\_\_

Name of off-site location and address: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I authorize child care program staff to secure necessary emergency medical treatment**

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**