A. Parent and Child Information							
Name of Parent	Emergency Contact	Telephone Number - Primary					
Name of Child	Picture attached	Telephone Number - Secondary					
B. Emergency Contact Inform	ation (non-parent)						
Name			Telephone Number				
C. Authorized Destination and	d Departure and Return Ti	mes					
Location of off premise activity	Departure Ti	me	Return Time				
D. Parent Signature and Date							
Permission to participate is valid from [give date] to [give date].							
From To	(up to 12 months)						
Signature of Parent or Guardian							

Off Premise Activity Permission

NC Division of Child Development and Early Education

A. Parent and Child Information								
Name of Parent	🗆 Emerge	Emergency Contact		Telephone Number - Primary				
Name of Child	- Dieture	- Disture attached		Tolonhong Number, Socondary				
Name of Child		Picture attached		Telephone Number - Secondary				
B. Emergency Contact Information (non-parent)								
Name			Telephone Number					
C. Authorized Destination and Departure and Return Times								
Location of off premise activity		Departure Time		Return Time				
D. Parent Signature and Date								
Permission to participate is valid from [give date] to [give date].								
From To	(up to	(up to 12 months)						
Signature of Parent or Guardian			Date					