



The Center for the Development of Children

4 Springdale Ave.
Dover, MA 02030

Sandy Blinn, Director

(508)785-1835

OFF SITE ACTIVITIES PERMISSION FORM

Section 1 - Program completes prior to parental consent

Classroom: Name of Educator(s) responsible for child: Anna Uliano,, Wendy Bruno, Sandy Blinn, Laura Walsh, Leanne Connors,

Cell number: On File at CDC- Cal 508785-1835

Name of off-site location and address: Walking tips to area buildings which may include, but is not limited to: fire station, police station, Dover church, Dover market, town garage

Date of off-site activity: school year **Time Leaving Program:** posted one week prior **Time Returning to Program:** posted one week prior

Method of Transportation: Walking **Fee associated with activity (if any): 0**

****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)