



# The Center for the Development of Children

30 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,, Lauren Gentile, Wendy Bruno, Sandy Blinn, Laura Walsh, Megan Kistner, Leanne Connors, Ashley Badertscher , Eden Benton

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

**Name of off-site location and address:** Conservation trails behind school

**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)