D. Parent Signature and Date

Signature of Parent or Guardian

То

From

Permission to participate is valid from [give date] to [give date].

## Off-Premise Activity Permission

A. Parent and Child Information				
Name of Parent	□ Emergency Contact		Telephone Number - Primary	
Name of Child	□ Picture attached		Telephone Number - Secondary	
B. Emergency Contact Information	on (non-pare	ent)	ı	
Name			Telephone Number	
C. Authorized Destination and Do	eparture an	d Return Ti	mes	
Location of off-premise activity	Departure Tir		me	Return Time
D. Parent Signature and Date				
Permission to participate is valid from [g From To	give date] to [give date]. (up to 12 months)			
Signature of Parent or Guardian	ardian		Date	
NC Division of Child Development and Early Education  Off-Premise Activity Permission				
A. Parent and Child Information				
Name of Parent	□ Emergency Contact		Telephone Number - Primary	
Name of Child	□ Picture attached		Telephone Number - Secondary	
B. Emergency Contact Information	on (non-pare	ent)	1	
Name			Telephone Number	
C. Authorized Destination and Do	eparture an	d Return Ti	mes	
Location of off-premise activity		Departure Ti	me	Return Time

(up to 12 months)

Date