

**THE COMMONWEALTH OF MASSACHUSETTS**  
**Department of Early Education and Care**  
**OFF SITE ACTIVITIES PERMISSION FORM**

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

**Program:** Boston Rainbow Bridge Child Care

**Name of Educator(s) responsible for child:** Ting Yi

**Name of off-site location and address:** Penniman Road Play Area, Boston MA 02134

**Date of off-site activity:** \_\_\_\_\_ **Time Leaving Program:** \_\_\_\_\_ **Time Returning to Program:** \_\_\_\_\_

**Method of Transportation:** Walk/ Stroller      **Fee associated with activity (if any):** None

**\*\*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 childcare 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**