



THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care (required)

## OFF SITE ACTIVITIES PERMISSION & TRANSPORTATION FORMS

### OFF SITE ACTIVITIES PERMISSION

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

**Program:** *PARKER RIVER COMMUNITY PRESCHOOL*

**Name of Educator(s) responsible for child:** *PRCP STAFF MEMBERS*

**Name of off-site location and address:** *LOCAL COMMUNITY BUILDINGS INCLUDING, BUT NOT LIMITED TO: FIRE STATION, LIBRARY, BAKERY, PINE GROVE SCHOOL, COUNCIL ON AGING, ETC (ALL WITHIN WALKING DISTANCE- NO TRANSPORTATION)*

**Date of off-site activity:** *TBD (SEE CLASS CALENDAR)*

**Time Leaving Program:** *TBD* **Time Returning to Program:** *TBD*

**Method of Transportation:** *WALKING*

**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 activities

**I give permission for my child to attend the above identified off-site activities**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent's/Guardian's Name:** \_\_\_\_\_

**Child's allergies, health conditions & treatment:** \_\_\_\_\_

\*Refer to the Emergency Release & Consent Form for more detailed information regarding release, physician & health care

**I authorize child care program staff to secure necessary emergency medical care**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (valid for one year)

### TRANSPORTATION FORM

CHILD'S NAME: \_\_\_\_\_

**MY CHILD WILL ARRIVE AT THE PROGRAM** (check all that apply)

\_\_\_ PARENT DROP OFF \_\_\_ SUPERVISED WALK \_\_\_ UNSUPERVISED WALK

\_\_\_ PUBLIC/PRIVATE/VAN \_\_\_ PROGRAM BUS/VAN \_\_\_ CONTRACT/VAN \_\_\_ PRIVATE TRANS.

ARRANGED BY PARENT \_\_\_ OTHER

**MY CHILD WILL DEPART FROM THE PROGRAM:**

\_\_\_ PARENT PICK UP \_\_\_ SUPERVISED WALK \_\_\_ UNSUPERVISED WALK \_\_\_ PUBLIC/PRIVATE/VAN

\_\_\_ PROGRAM BUS/VAN \_\_\_ CONTRACT/VAN \_\_\_ PRIVATE TRANS. ARRANGED BY PARENT

\_\_\_ OTHER

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (valid for one year)

\*REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION