



Su Escuela Language Academy
OFF SITE ACTIVITIES PERMISSION FORM

Section 1 - Program completes prior to parental consent

Program: Su Escuela Language Academy DATE OF ACTIVITY: 2/13/19
Name of Educator(s) responsible for child: SELA Faculty – Ms. Romina Riquelme & Mrs. Susan Burton, Ms. Jazmin Sandoval, & Mr. Leo Carvajal
Name of off-site location and address: Bridges by Epoch 1 Sgt William B Terry Dr Hingham Ma 02043
of off-site activity: Students will participate in a Holiday presentation to Bridges and back to SELA.
All Students 2nd, 3rd, & 4th Grades Time Leaving Program: 10:15 am Time Returning to Program: 11:15 am
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

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)

This form must accompany each child on the off-site activity.

Due Friday 2/8/18