

BASEC

Consent for Child to leave the Program

102 CMR 7.09 (3)(b)

STUDENTS WILL NOT BE PERMITTED TO SIGN THEMSELVES OUT OF THE PROGRAM WITHOUT THIS COMPLETED FORM.

Fill form out with as much detail as possible. Please co	ntact BASEC with any questions about this form.	
I, authorize my child,, (Parent/Guardian's name) (Child's name)		
(Parent/Guardian's name) to leave the program. This permission is in effect from	(Child's name)to (date) (date)	
My child will depart from the program by the following means: (Please check <u>all</u> that apply, and be sure that you have chosen a minimum of one)		
MY CHILD WILL ARRIVE AT THE PROGRAM: PARENT DROP OFF SUPERVISED WALK UNSUPERVISED WALK (9-year-olds and up) 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 (9-year-olds and up) PUBLIC/PRIVATE/VAN PROGRAM BUS/VAN CONTRACT/VAN PRIVATE TRANS. ARRANGED BY PARENT OTHER	
Fill out below if there is specific events that will happen on a regular basis, for example: walking to scout meets, going to the public library every Tuesday for a book club, etc:_**Please note all variables that may include weather conditions, time of day, recommended walking partner, certain days, only with parent/guardian call etc. (Please be as specific as possible) I hereby authorize the above student to leave BASEC. S/he may ONLY leave the program		
within these guidelines. Activity:		
Leave Time:		
 Method Of Transportation: By signing the following, I understand that: I am responsible for this student once s/he leaves the building and BASEC. I am releasing the program from any responsibility and liability pertaining to this student once s/he is signed out of the program. I recognize that BASEC's teachers will not supervise my child while s/he is away from the program. 		
Parent/Guardian Signature:	Date:	



Additional Release Authorization: I/we authorize BASEC to release this student to the following people who may pick up this student from the program or receive this student at the end of the day. I/we understand that these authorized persons may be asked to provide identification to the BASEC staff. PLEASE NOTE: At least one emergency back up name & number must be provided.

Name	Relationship
Address	Phone#
Name	Relationship
Address	
	Relationship
Address	Phone#
Parent/Guardian Signature Date	
Staff verification	
	ontract for Leaving the Program It is sign it if your child is able to leave without an adult.
l,	, understand that the
	program is a privilege granted to me. This privilege us BASEC teacher's expectations of my ability to be responsible way from the program.
By signing this, my parents/guardian and	I I have agreed to the following:
destination each time I leave the progran	o by my parent/guardian, and will inform the staff of my n;
If I am expected to return to the program	manner while I am away form the program, ram I will do so at or before the time designated by my turning late, I will call the program and inform them of when
	my parents on the authorization and consent form. rening, I will always sign out in the dismissal book.
	e by the agreements made above, my parents/guardian sequence for my behavior, may take away my privilege to ned by them.
Child's Signature: Parent Signature: Staff Signature:	Date