

CONSENT FOR CHILD TO LEAVE NEDP

SCHOOL: _____

I, _____, authorize my child/ren _____
Parent/Guardian's Name Child/ren's Name

to leave the NEDP program site. This permission is in effect from _____ to _____
Date Date

The day of the week my child will attend is (please circle one): Mon. Tues. Weds. Thurs. Fri.

I give permission for my child/ren to leave the program with _____
(Person's Name)

My child/ren will return to the NEDP program after the activity. Yes _____ No _____

I understand that I must inform the person signing my child/ren out that they must show some form of picture identification to NEDP educators in order for my child to be released.

Activity	Location	Method of Transportation	Restrictions	Leave Time	Return Time

I understand that NEDP has the right to rescind the above privilege if my child's behavior warrants the limitation of if s/he does not honor the attached contract.

I recognize that my child will not be supervised by NEDP educators while s/he is away from the program. I understand I am responsible for my child once s/he leaves the NEDP program site.

Parent/Guardian Signature

Date