



**Agassiz Baldwin Children's Programs
 CONSENT FOR CHILD TO LEAVE THE PROGRAM/
 UNSUPERVISED WALK TO PROGRAM**

(Must be age 9 or older)

Program (circle one):

Afterschool
85 Oxford Street

Outback
20 Sacramento Street

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

to leave the program. This permission is in effect from _____ to _____.
(Date) (Date)

Reason (Example: Arrival from home, departure to go to another program, departure at the end of the day)	Method of Transport	Leave/Return Time	Back-Up Plan/Restrictions/Notes

I understand that the program can decide to rescind the above privilege if program staff feel the arrangement it is unsafe for any reason (child's behavior, weather, special circumstances, etc.). If this occurs, program staff will contact parent/guardian to arrange alternate plan.

I understand that my child will not be supervised by program staff while s/he is away from the program.

I understand I am responsible for my child once s/he leaves the program.

 Parent/Guardian Signature Date

 Site Director Signature Date

