

ORLEANS AFTER SCHOOL PROGRAM
 46 Eldredge Parkway
 Orleans, Ma 02653

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

to leave the program. This permission is starting _____ and will end
 (date)

 (date)

*Name of coach: _____

Activity/sport	Day of the week	Practice start time	Practice end time

I recognize that my child will not be supervised by OASAP while he/she is away from the program, and that OASAP staff is not responsible for my child during these times. OASAP will regain responsibility only when the child is signed back into the program by the coach.

OASAP staff will only dismiss my child to the activity once the adult in charge has arrived. If my child will be returning to the program the adult in charge of the activity is responsible for bringing my child back to the program.

 Parent/Guardian's signature

 date