

TRANSPORTATION AGREEMENT

This is to certify that I give _____
Facility name

permission to transport my child _____
Child's name

From _____ at _____ (a.m./p.m.)
Pick-up Location

To _____ at _____ (a.m./p.m.)
Delivery Location

My child will be transported from _____ at _____ (a.m./p.m.)
Pick-up Location

on the following days (check all that apply):

- _____ Monday
- _____ Tuesday
- _____ Wednesday
- _____ Thursday
- _____ Friday.

_____ is authorized to receive my child. In the event the authorized
Name of Authorized Person

person is not present to receive my child, the following procedures are to be followed:

The _____ is approximately _____ miles from the center.
location

In the event that my child is not to be transported as outlined above, I agree to notify

Facility name

Signature _____
(Parent/Legal Guardian)

Date _____

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if _____
Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____