

### Transportation Permission

I give permission for my child(ren) \_\_\_\_\_ to be transported to and from: \_\_\_\_\_ to \_\_\_\_\_ for the purpose of \_\_\_\_\_, on \_\_\_\_\_, 20\_\_.

I understand that they will leave at this time: \_\_\_\_\_ and return at this time: \_\_\_\_\_.

The best way to contact me in case of an emergency is: \_\_\_\_\_

If I cannot be reached, please contact: \_\_\_\_\_

Their contact info is: \_\_\_\_\_

I also authorize the chaperones to seek appropriate medical treatment for the health and safety of my child(ren) should the need arise and understand that I will be informed of such as soon as possible. In the event of the need for such medical treatment, you need to know about the following allergies or other medical concerns for my child(ren):  
\_\_\_\_\_

\_\_\_\_\_. Their primary care physician with phone number is: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_