

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: _____