

BLANKET PERMISSION FOR ROUTINE TRANSPORT OF CHILDREN*

_____ (Facility's Name) _____ (Today's Date)

I _____ give permission for _____
(Parent) (Child's name)

to be transported to _____.
(Where)

Departure Time _____

Return Time _____

Method of Travel _____

Transportation Provider(s) _____

Other important information _____

Permission to transport is valid for _____ *to* _____.
(up to 12 months)

Signature of Parent/Guardian _____

Date _____

*This form is not to be used for field trips or other off premise activities.