AUTHORIZATION TO TRANSPORT

Take my child on excursions into the confoot or by automobile as the occas	der,, to community. These outings may be made ion warrants. I also understand that when elf or use a helper if necessary. At no time ransportation of my child unless
Child's Name:	Birth date:
Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:
IN CASE OF E	MERGENCY CALL:
Parent/Guardian Name:	Phone:
Parent/Guardian Name:	Phone:
Take my child on excursions into the confoot or by automobile as the occas traveling the Provider may drive herse will the Provider attempt emergency to	der,, to community. These outings may be made ion warrants. I also understand that when elf or use a helper if necessary. At no time ransportation of my child unless
accompanied be another adult.	51.11.1.1
Child's Name:	Birth date:
Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:
IN CASE OF E	MERGENCY CALL:
Parent/Guardian Name:	Phone:
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