



## Cooperative Preschool Programs Emergency Transportation Authorization

Student(s) Name(s):*			
Address:			
Phone Number:			
Mother's (or Guardian's) Name:		Phone Number:	
Address:			
Employer's Name		Phone Number:	
Address:			
Father's (or Guardian's) Name:		Phone Number:	
Address:			
Employer's Name		Phone Number:	
Address:			

\* Names of additional children from the same family may be listed here when all other information on this form pertains to all children listed.

If not at home or work, give school telephone number or other telephone where parents can be reached:

Mother (or Guardian):

Father (or Guardian):

People to be contacted and released to in the event of an emergency if the parent cannot be reached:

Name:			
Address:			
Phone Number:			
Relationship to Child:			
Name:			
Address:			
Phone Number:			
Relationship to Child:			

Name Physician or Clinic:			
Address:			
Phone Number:			
Name of Dentist or Clinic:			
Address:			
Phone Number:			

- over -

Complete either Part I or Part II below. *Do not complete both.*

**Part I. Permission to Transport Child**

I give \_\_\_\_\_ my permission to transport my child/children  
Name of Preschool Program

to \_\_\_\_\_ for emergency care or to  
Hospital/Clinic  
\_\_\_\_\_ for emergency dental care,  
Dentist/Clinic  
or to the nearest available source of assistance.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**Part II. Refusal to Grant Permission**

I do not give permission to \_\_\_\_\_  
Name of Preschool Program

to transport my child/children \_\_\_\_\_  
Name of Child/Children

for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the following action to be taken: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

Under no circumstances will a child be released to anyone not known to the school without authorization from a **parent or guardian.**

The persons listed below are authorized to pick up:

\_\_\_\_\_  
Child's Name

Name	Address	Phone