



DATE: ____ / ____ / ____

TRANSPORTATION AGREEMENT

CHILD(REN) DETAILS

NAME: AGE:

NAME: AGE:

NAME: AGE:

THE AGREEMENT

I, (PARENT/GUARDIAN'S NAME) GIVE PERMISSION TO (CHILD CARE CENTER'S NAME) TO TRANSPORT MY CHILD(REN) MENTIONED

ABOVE IN THEIR PERSONAL VEHICLE FOR THE FOLLOWING REASONS (CHECK ALL THAT APPLY):

- FIELD TRIPS
 VISITS TO THE PARK
 SHOPPING
 EMERGENCY EVACUATIONS
 SCHOOL DROP-OFFS AND PICK-UPS
 OTHER:

I UNDERSTAND THAT (CHILD CARE CENTER'S NAME) WILL NOT TRANSPORT MY CHILD IN AN EMERGENCY SITUATION WHERE MY CHILD NEEDS MEDICAL ATTENTION. AN AMBULANCE WILL INSTEAD BE CALLED TO TRANSPORT MY CHILD TO THE HOSPITAL.

I GIVE PERMISSION FOR (CHILD CARE CENTER'S NAME) TO TRANSPORT MY CHILD(DREN) WITH THE UNDERSTANDING THAT THE FOLLOWING ARE IN PLACE:

- THEY HOLD A VALID DRIVER'S LICENCE.
- PROPER INSURANCE IS MAINTAINED.
- PROPER CAR SEATS ARE USED FOR EACH CHILD.
- THE VEHICLE WILL BE ROUTINELY MAINTAINED AND REPAIRS DONE AS NEEDED.
- ALWAYS NOTIFY PARENTS WHERE CHILDREN WILL BE TRANSPORTED WHILE IN CARE.

WE APPRECIATE YOUR TRUST IN OUR SERVICES AND COOPERATION IN COMPLETING THIS FORM. IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING OUR TRANSPORTATION SERVICE, PLEASE FEEL FREE TO CONTACT US. THANK YOU!

SINCERELY,

PROVIDER SIGNATURE:

DATE:

PARENT SIGNATURE:

DATE:

PARENT SIGNATURE:

DATE: