

**Child's Health/Emergency Information and Authorization Form
for Transportation Providers
(To be completed by the child's parent or guardian)**

Health/Emergency Information

Child's Name: _____

Other Name Child Responds to (if applicable): _____ Birthdate: _____

Parent's/Guardian's Name: _____

Address: _____ Home Phone:() _____

Workplace: _____ Work Phone:() _____

Address where child is to be picked up and returned (if different from above): _____

Person(s) responsible for meeting child being transported: _____

In case of emergency and the parent(s)/guardian(s) cannot be reached, please contact one of the following persons:	
1) Name: _____	Phone:() _____
Address: _____	Relationship: _____
2) Name: _____	Phone:() _____
Address: _____	Relationship: _____

Please give specific instructions if your child needs special assistance, equipment, or materials when transported.

List any chronic medical condition or allergies your child may have as well as any medications your child may take:

Other important information about your child: _____

Authorization for Transportation Services

I authorize the following transportation provider _____ to transport my child to and from the following location _____

Signature of Parent/Guardian _____ Date _____

Authorization for Emergency Medical Care

In case of accident or illness requiring medical attention, the undersigned authorize _____ (transportation provider) to call a health care provider or to take my child _____ (child's name) to the nearest hospital or doctor, and it is understood that if possible, their services will be obtained. If neither parents nor preferred health care provider can be contacted, the transportation provider is authorized to contact another health care provider. It is also understood that this agreement covers only those situations, which-in the best judgment of the transportation provider, are true emergencies.

The health care provider to call is:	My hospital preference is:
Name: _____	Name: _____
Address: _____	Address: _____
Phone:() _____	Phone:() _____

I authorize emergency treatment deemed necessary by a physician in the event that I cannot be reached for permission. I agree to be responsible for the cost of such emergency medical care.

Signature of Parent/Guardian _____ Date _____