



## Small Group and Large Group Transportation Plan and Authorization

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

MY CHILD WILL ARRIVE AT THE PROGRAM:

- PARENT DROP OFF
- SUPERVISED WALK
- UNSUPERVISED WALK
- PUBLIC/PRIVATE/VAN
- PROGRAM BUS/VAN
- CONTRACT/VAN
- PRIVATE TRANS, ARRANGED BY PARENT
- OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

- PARENT PICK UP
  - SUPERVISED WALK
  - UNSUPERVISED WALK
  - PUBLIC/PRIVATE/VAN
  - PROGRAM BUS/VAN
  - CONTRACT/VAN
  - PRIVATE TRANS, ARRANGED BY PARENT
  - OTHER
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PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION**