

Distribution

- Child's File
- Transportation Log

Transportation Agreement

The following information is required to be updated by Kids 'R' Kids annually and when transportation situation changes

Child's Full Name:	Date of Birth//
 Kids 'R' Kids emergency transport 1. Call emergency medical team, if necessary 2. Contact parent/guardian (phone, email, text) 3. Contact alternate emergency contact, if necessary 4. Emergency medical team transports child to hospital. 5. Kids 'R' Kids representative will accompany child to hospital. Emergency Medical Facility the center uses: 	spital.
Address	
I,give permission for Kids	s'R' Kids to seek medical attention and /or transport
my child, in the event of any emergency. I further agree to hold harmless and release Kids 'R' Kidsand Kids 'R' Kids International, Inc. from all liability. I further agree to keep the facility informed of any changes in the information below.	
For School Age Use Only: If the child relocates to another school or the hours change, this form must be updated immediately Name of School:	
School Address:	
School Phone:	
 In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids It is vital that Kids 'R' Kids be notified of any changes in the above scheduled transportation. Kids 'R' Kids will assume the above schedule of transportation will be followed unless we receive different instructions from parents in writing. Instructions should be received at Kids 'R' Kids by the earliest possible time before scheduled pickup or drop off. 	
I, age	ree for my child to be transported by Kids 'R' Kids
☐ To school at (am/pm) ☐ From school at (am/pm) On the following days: Monday Tuesday Wednesday Thursday Friday	
Parent/Guardian Signature Owner/Director Signature	//

Owner/Director Signature

This form was developed by Kids 'R' Kids International, Inc. It's important to review State Guidelines regularly to ensure compliance.