

Transportation Agreement

EMERGENCY TRANSPORTATION/MEDICAL PROCEDURE

- Call emergency medical team, if necessary
- Call parent/guardian
- Call alternate emergency contact, if necessary
- Emergency medical team transports child to hospital, if necessary
- Kids 'R' Kids representative will accompany child to hospital.

Emergency Medical Facility the center uses: Memorial Hermann Cypress Hospital

Address: 27700 Northwest Freeway | **Phone:** 346.231.4200

I, _____ give permission for Kids 'R' Kids #26 to seek medical attention and /or transport my child _____, in the event of an emergency if I cannot be reached. 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.

School Name

School Phone

School Address

In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids #26. It is vital that Kids 'R' Kids #26 be notified of any changes in the above scheduled transportation. Kids 'R' Kids #26 will assume the above schedule of transportation will be followed unless we receive different instructions from parents. Instructions should be received at Kids 'R' Kids #26 by the earliest possible time.

I do ☐ do not ☐ agree for my child to be transported by Kids 'R' Kids 26 (check all that apply):

☐ To School ☐ From School ☐ Field Trips ☐ Emergency Medical Care

Parent/Guardian Signature

Date