



**Distribution**

- Child's File
- Transportation Log

### Transportation Agreement

The following information is required by Kids 'R' Kids annually

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

Date of Birth \_\_\_/\_\_\_/\_\_\_

**Kids 'R' Kids # \_\_\_\_\_ emergency transportation/medical procedure:**

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

Emergency Medical Facility the center uses: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ give permission for Kids 'R' Kids # \_\_\_\_\_ to seek medical attention and /or transport my child \_\_\_\_\_, in the event of any 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*

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. Instructions should be received at Kids 'R' Kids # \_\_\_\_\_ by the earliest possible time.

I, \_\_\_\_\_ agree 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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Director Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date