

**Distribution**

- Child's File
- Transportation Log

Transportation Agreement

Child's Full Name: _____ Date of Birth ____/____/____

Kids 'R' Kids Hamilton Mill emergency transportation/medical procedure:

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: Northeast Georgia Medical Center Braselton

Address: 1400 River Place Braselton, GA 30517

Phone: 770.848.8000

I, _____ give permission for Kids 'R' Kids Hamilton Mill 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' Kids Hamilton Mill and 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 Hamilton Mill.
- It is vital that Kids 'R' Kids Hamilton Mill be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids Hamilton Mill 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 Hamilton Mill by the earliest possible time before scheduled pickup or drop off.

I, _____ agree for my child to be transported by Kids 'R' Kids Hamilton Mill.

☐ 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