Sample Transportation Agreement

This is to certify that I give		
	Name of Facility	
Permission to transport my child		
1 7	Name of Child	
from	at	(am/pm)
Pickup Location		_
to	at	(am/pm).
to Delivery Location		_
My child will be transported from _		_at(am/pm)
to	at	(am/pm)
to Delivery Location		_
on the following days:		
	Monday	
	=	
Name of Authorized Person	authorized to receive my child	. In the event the authorized
person is not present to receive my c	child, the following procedure	s are to be followed:
The	is approximately	miles from the center
Location		T
In the event that my child is not to be	e transported as outlined abov	e, I agree to notify the
Facility	·	
Signature (Parent/Guardian)		Date