

Permission to Transport

I give permission to Reach Dane to transport me and my child,	
Child(s) Name(s)	, to and from programming activities.
If I do not provide child safety seats or car seats, transporting will provide them. Transportation w staff person's personal vehicle.	
This permission will remain in effect for the dura unless withdrawn by the participant.	ation of your enrollment in the EHS program
Participant's Name (Print)	
Participant's Signature	Date
Guardian's Signature (if Applicant is under 18)	Date
Emergency Contact Person Person to be notified in an emergency OR to altereached	ernately accept the child when a parent cannot be
Name: Rel	lationship to Child:
Address:	Phone: