



## Blanket Permission for Routine Transport of Children

I \_\_\_\_\_ give permission for \_\_\_\_\_ to be  
(Parent's Name) (Child's Name)

transported to South Rowan Academy After School Program @ (location):  
(Where)

Child's Birthdate: \_\_\_\_\_ Child's Weight \_\_\_\_\_ Height \_\_\_\_\_

Departure Time (school dismissal): \_\_\_\_\_ Return Time: \_\_\_\_\_

Method of Travel: Mini Bus or Company Vehicle

**Please check if you don't mind your child sitting in the front seat of a company vehicle** (NOTE: Per state regulations and the CDC, airbag on passenger side has been disabled because they can cause death to ages 12 and under)

Transportation Provider: South Rowan Academy Staff – ( Michelle Ross or a substitute SRA staff person)

Other Important Information: \_\_\_\_\_

Permission to transport is valid for \_\_\_\_\_ to \_\_\_\_\_  
(up to 12 months)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Transportation Emergency Information

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

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Professional: \_\_\_\_\_

Allergies and/or medications being taken and any other physical ailments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

