



Transportation/Emergency Treatment Form 2022/2023

Child's Name: _____ DOB: _____

Name of School child is attending: _____

Child's Schedule: After School: M T W TH F Drop Off Late Start Wednesdays: Yes / No

Parent/Guardian: _____ Address: _____ Cell #: _____ Employer: _____ Work #: _____	Parent/Guardian: _____ Address: _____ Cell #: _____ Employer: _____ Work #: _____
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In case of emergency & parent(s)/guardian(s) cannot be reached, please contact:

Name: _____ Relationship: _____ Phone#: _____	Name: _____ Relationship: _____ Phone#: _____
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List any allergies, special conditions or medications: _____

Initial	If emergency medical care is necessary, I give permission for any treatment deemed necessary by a physician and/or hospital of your choice. I authorize Kuebler Early Learning Center to transport my child by ambulance, if necessary.
Initial	I hereby grant permission for my child to participate in all of your activities, including transportation to and from school as listed above and notified field trips.
I hereby release, indemnify and hold you, your agents and employees harmless from any and all claims, damages or other liabilities for injuries to or damage by my child which are not a result of gross negligence by Kuebler Early Learning Center, its agents, or employees. I hereby warrant to Kuebler Early Learning Center that I am entitled to legal custody and possession of my child, and accordingly am authorized to place my child in your care and custody, and am further authorized to sign this transportation form.	
_____ Signature of parent or legal guardian	_____ Date