



Permission to Transport & Medical Authorization Form

Child's Name: _____

School Transportation

I authorized Phase Family Center to transport my child to/from:

School: _____ Phone: _____

Address: _____

on the following days: Monday Tuesday Wednesday Thursday Friday

In the event that an authorized school representative is not present to receive my child, I authorize Phase Family Center to bring my child back to the center.

Emergency Evacuation

In the event of an emergency situation, Phase Family Center has permission to evacuate the premises. The evacuation site is: the farthest end of the Mayfair lot (across the parking lot).

Emergency Medical Care

We will transport to WellStar North Fulton Hospital unless parent/guardian request different arrangements.

My child's physician is: _____ Phone: _____

My child's medical insurance is provided by: _____ Policy #: _____

Medical facility center uses: WellStar North Fulton Hospital, 3000 Hospital Blvd, Roswell, GA 30076

List any allergies, medication, or other pertinent information: _____

Primary Contacts

Parent/Guardian #1: _____

Parent/Guardian #2: _____

Relationship: _____

Relationship: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Emergency Contacts

List in order of preference. I authorize the below individuals to pick up my child in the event of a medical emergency or other emergency if the Primary Contacts are unable to be reached.

Emergency Contact #1

Emergency Contact #2

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Day Phone: _____

Day Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Emergency Contact #3

Emergency Contact #4

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Day Phone: _____

Day Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

I have completely and accurately filled out this form. I am the parent/legal guardian responsible for the care of the child listed on this form and have the legal authority to sign the Permission to Transport & Medical Authorization Form.

Parent/Guardian Signature: _____ Date: _____