

TRANSPORTATION PERMISSION

I grant permission for my child _____ to be transported to all school field trips by a contracted bus. In the event of a breakdown or emergency, children may be transported by either one of the vans owned by Footprints Academy/ Peace of Mind Daycare or an employee's vehicle.

In the event of an accident or injury, I grant permission for the Footprints Academy Staff to arrange for transportation to medical care (by ambulance). I authorize the staff to perform appropriate first aid on my child, and agree to hold Footprints Academy and its staff harmless for any injuries that my child may receive.

I understand that in the event that medical care for my child is necessary, I will be responsible for any and all charges, including transportation charges if applicable. I hereby agree to be held responsible for any and all medical charges related to the care of my child. I authorize the staff of Footprints Academy to use their discretion in determining whether or not emergency medical care is necessary.

BOTH PARENTS MUST SIGN IF TWO CUSTODIAL PARENTS

Date: _____

Date: _____

Children will not be using car seats for bus transportation, but, in the event that other transportation is needed, please initial below:

_____ My child does not need to ride in a child booster seat or car seat (Please initial)

_____ My child DOES need to ride in a child booster seat or car seat.
(Parent must provide a seat for the van, if a child safety seat is required).

_____ My child may ride in the front seat of a vehicle with a front airbag (Please initial here if your child is old enough and meets weight requirements to be a front seat rider).