



Transportation Permission – After School Karate and/or Summer Camp

Instructions: The parent / guardian should complete this form for placement in the child's file at ATA Strong & update the information as needed. The center shall maintain the completed form in the child's file for the duration of the child's enrollment. Note: A copy of this form shall be carried in the vehicle when transporting the child. If the child has special health care needs, also include a copy of His or Her Health History.

A. CHILD INFORMATION

Name	Address – Home (Street, City, State, Zip Code)
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Yes No Does the child have any special health care needs? If "Yes", attach the Health History Form.

B. PARENT / GUARDIAN INFORMATION Provide information where the parent / guardian may be reached while the child is in the care of ATA Strong Karate.

1. Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Address (Street, City, State, Zip Code)			

2. Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Address (Street, City, State, Zip Code)			

C. EMERGENCY CONTACT INFORMATION Provide information on the person to contact if the parent / guardian cannot be reached.

Name	Address (Street, City, State, Zip)	Telephone Number
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D. AUTHORIZED DESTINATIONS / PERSONS INFORMATION

Address Child Transported From (Street, City)	Address Child Transported To (Street, City)	Person Authorized to Pick up Child
1.		
2.		
3.		
4.		

Procedure to follow when parent / guardian or authorized adult is does not arrive to pick up child and we can not get in touch with anyone listed above. – Specify.

E. CHILD'S HEALTH CARE PROVIDER INFORMATION

Name – Physician	Address (Street, City, State, Zip Code)	Telephone Number
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F. AUTHORIZATION

1. Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
2. Yes No I hereby give permission for my school-aged child to enter a building unescorted.

SIGNATURE – Parent / Guardian	Date Signed
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