



Distribution

- Child's File
- Transportation Log

Transportation Agreement

The following information is required by Kids 'R' Kids annually

Child's Full Name: _____

Date of Birth ___/___/___

Kids 'R' Kids # 16 emergency transportations / medical procedure:

1. Call emergency medical team, if necessary
2. Call parent/guardian
3. Call alternate emergency contact, if necessary
4. Emergency medical team transports child to hospital, if necessary
5. Kids 'R' Kids representative will accompany child to hospital

Emergency Medical Facility the center uses: Children's Healthcare

Address: 1001 Johnson Ferry Road, Atlanta, GA 30342

Phone 404-728-5252

I, _____ give permission for Kids 'R' Kids #16 to seek medical attention and /or transport my child _____, in the event of any emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids # 16 and Kids 'R' Kids International, Inc. from all liability. I further agree to keep the facility informed of any changes in the information above.

For School Age Use Only: *If the child relocates to another school or the hours change, this form must be updated*

Name of School: _____

School Address: _____

School Phone: _____

- In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids # 16
- It is vital that Kids 'R' Kids # 16 be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids # 16 will assume the above schedule of transportation will be followed unless we receive different instructions from parents. Instructions should be received at Kids 'R' Kids # 16 by the earliest possible time.

I, _____ agree for my child to be transported by Kids 'R' Kids # 16 and be transported to Kids 'R' Kids # 16 afterschool.

On the following days: Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Signature

_____/_____/_____
Date

Owner/Director Signature

_____/_____/_____
Date