



CHILDREN'S MONTESSORI PRESCHOOL
CAR POOL AND TRANSPORTATION FORM

PERMISSION TO TRANSPORT THE CHILD IN A MEDICAL EMERGENCY.

This form will be kept as a reference of those persons authorized to pick up your child. Please notify the school promptly of any changes. CHILDREN WILL BE RELEASED TO AUTHORIZED PERSONS ONLY.

_____ may be transported by the following
(name of child)

persons:

Name phone

Name phone

Name phone

I hereby give my permission for my child to be transported to a medical facility in the event of a medical emergency. YES/NO (circle one)

I hereby give my permission for my child to receive medical treatment. YES/NO (circle one)

parent signature

(date)