



Transportation Form

I give my permission for my child _____ to be
(Child's Name)

Transported by _____ for rides to

- Playground Field Trips
 School (if Judy has to go pick up one of her own children)

(Please check mark the ones that you give your permission for)

I understand that my daycare provider may have times when she will need to pick up her child(ren) at school and my child will be taken with her.

I understand that my daycare provider will have her seat belt on while driving.

I understand that my daycare provider **will not** talk on a cell phone while driving she will only talk on the cell phone if the car is stopped and the engine is turned off.

I understand my child will be in a car seat or booster seat while in the car at all times. I understand my child will not be left alone in the car for any reason.

(Parent's Signature)

(Date)

