



# TRANSPORTATION AGREEMENT

Please check which services you wish to be provided

Before School  After School  Both Before and After School

### **Before School**

This is to certify that I give Let's Go Transportation

Permission to transport my child, \_\_\_\_\_,

From \_\_\_\_\_ at 6:30am

To \_\_\_\_\_ at 7:15am

On the following days: (check all that apply):

Monday  Tuesday  Wednesday  Thursday  Friday

Staff of Higher Calling Christian Academy are authorized to place my child on into the care of Let's Go Transportation.

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### **After School**

This is to certify that I give Let's Go Transportation

Permission to transport my child, \_\_\_\_\_,

From \_\_\_\_\_ at 2:25pm

To \_\_\_\_\_ at 2:45pm

On the following days (check all that apply):

Monday  Tuesday  Wednesday  Thursday  Friday

Staff at Higher Calling Christian Academy are authorized to receive my child from the care of Let's Go Transportation.

*\*In the event that my child is not to be transported as outlined above, I agree to notify Higher Calling Christian Academy.*

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide your child's teacher's name and grade level:

Teacher's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Vehicle Emergency Medical Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Mother's Alternate Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Father's Alternate Phone: \_\_\_\_\_

Person to contact in the case of emergency when parent/guardian cannot be reached:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor Number: \_\_\_\_\_

Higher Calling Christian Academy uses DeKalb Medical Hospital located at 2801 DeKalb Medical Pkwy Lithonia, GA 30058 as it's medical facility.

Child's allergies: \_\_\_\_\_

Current prescribed medication: \_\_\_\_\_

Child's special medical needs and conditions: \_\_\_\_\_

In the event of an emergency involving my child, and if Higher Calling Christian Academy cannot get in touch with me, I hereby authorize any needed agreement medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name & Birthdate (dd/mm/yyyy): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HCCA Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_