

Transportation Agreement

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

Child's Full Name: _____

Date of Birth ____/____/____

Kids 'R' Kids # 8NC emergency transportation/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: North Wake Med

Address 1000 Falls of Neuse Road

Phone 919-350-1300

I, _____ give permission for Kids 'R' Kids # 8NC 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 Wake Forest 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 # 8NC
- It is vital that Kids 'R' Kids # 8NC be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids # 8NC 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 # 8NC by the earliest possible time.

I, _____ agree for my child to be transported by Kids 'R' Kids # 8NC

- To school at _____ (am/pm)
- From school at _____ (am/pm)

On the following days: Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Signature

____/____/____
Date

Owner/Director Signature

____/____/____
Date