

Parent Authorization Form

No Child will be transported unless this form is on file at Faulk County Transit

Child's Information (One child per form, please)

Today's Date: _____

Name: _____ Birth Date: ____ / ____ / ____

Pickup Address: _____ Time: _____

Drop Off: _____ Time: _____

Return Trip Needed? Time: _____ Drop Off: _____

Start Date: _____ Days of Week: M T W Th F

Grade: _____ Standing Reservation: Y or N

End date of Standing: _____

Transport Instructions: Wheelchair, Walker, Cane _____

Allergies? Medical Instructions: _____

Parent Information: Name: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Employer _____ Work Hours: _____ - _____ Days: _____ - _____

(Please indicate Mother, Father, Other)

Emergency Contact: _____ Phone: _____

(Must be different Person than above)

Daycare Contact: _____ Phone: _____

I have read and agree to all terms of this agreement

Parent or Guardian Signature: _____ Date: _____

(For Office Use) Date Entered: _____ Initials: _____