

## TRANSPORTATION AUTHORIZATION FORM

This form must be completed prior to the start of the program by the parent/guardian listed as the youth participant's emergency contact for the following instances:

- The participant's parents/guardians wish for the participant to be excused from the program prior to its scheduled conclusion
- The participant's parents/guardians have arranged for the participant to be temporarily checked out of the program for another event (scheduled family gathering, medical appointment, dining off-site with a family member, etc.)
- The participant's parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program's drop-off process
- The participant's parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program's pick-up process
- The participant's parents/guardians authorize the participant to commute independently to and from the specified youth program

		PROGRAI	M INFORMATION					
Camp/Program Name		Program D	Program Dates		Department or Unit Sponsoring Program			
			NT INFORMATION	Age				
Participant First Name (Print) Middle Initial		Last Name	Last Name		Birth	Birthdate		
EARLY/ALTERNATIVE REL	.EASE							
1	pare	ent/quardian	of			grant permi	ssion to the	
I, Aquinas College program sta	ff to release resu	ponsibility for	r my youth particip:	ant to the follo	owina inc	ividuals only	. during the	
specified dates and times of t		,	,, , o a p a p a		Jg		,	
		AUTHOR	RIZED ADULTS					
First Name (Print)	Last Name		elationship to Minor	Phone Nu	ımber	Date/Time	Date/Time	
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				<u> </u>		_		
					<del></del>			
 *If the minor is permitted to tr	casanort him/hor	acif places l	ist in about above	<u> </u>				
"If the minor is permitted to tr	ansport min/ner	seii, piease ii	IST In chart above					
AUTHORIZATION SIGNATU	IRF							
By signing below, I acknowle		s College wil	I not be responsible	e for the parti	cipant aff	ter the partici	ipant is	
excused in the one of the abo								
than those listed above.	•		• •					
Printed Name of Parent/Guardian						Date		
Tilliou Haillo of Falority Caa.a.	an					Dato		
Signature of Parent/Guardian						Date		
Phone		Email						