# AFTERSCHOOL SCHOOL TRANSPORTATION AGREEMENT

## ONLY FOR AFTERSCHOOL

**I HEREBY GRANT STEPPING STONES ACADEMY PERMISSION TO TRANSPORT MY CHILD TO AND/OR FROM SCHOOL AS FOLLOWS (CHECK AUTHORIZED TRANSPORTATION):**

## NAME OF SCHOOL ATTENDING: _____

(  ) From the above referenced school at approximately 2:30 pm (or the appropriate dismissal time) to SSA at approximately 3:00 pm and be received by authorized staff members.

Such transportation is authorized on the following days:

☐ **MONDAY** ☐ **TUESDAY** ☐ **WEDNESDAY** ☐ **THURSDAY** ☐ **FRIDAY**

**IN THE EVENT THAT MY CHILD IS NOT TO BE TRANSPORTED AS AUTHORIZED ABOVE, I AGREE TO NOTIFY STEPPING STONES ACADEMY BY 12:00.**

### CHILD'S INFORMATION

Child's Full Name: _____ Date of Birth: ____/____/____

Name the Child Goes By: _____ Street Address: _____

Gender: ☐ Male ☐ Female City: _____ State: ____ Zip: _____

### PARENT/GUARDIAN INFORMATION

Mother's Name _____ Father's Name _____

Cell: _____ Cell: _____

Work: _____ Work: _____

Email Address: _____ Email Address: _____

### EMERGENCY CONTACTS

**PLEASE LIST ANY ADDITIONAL EMERGENCY CONTACTS AUTHORIZED TO ACT FOR THE PARENTS/GUARDIANS IN AN EMERGENCY:**

Name: _____ Name: _____

Relationship to Child: _____ Relationship to Child: _____

Cell: _____ Work: _____ Cell: _____ Work: _____

### PHYSICIAN INFORMATION

Name of Pediatrician: _____ Doctor's Office: _____

Phone: _____ Address: _____

### EMERGENCY MEDICAL INFORMATION

Allergies & Serverity: _____ Epi-Pen ☐ Yes ☐ No

Medical Conditions: _____

Long Term Prescribed Medicines: _____

**PARENT'S SIGNATURE:** _____ **DATE:** _____