

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

		PROGRAM INFOR	MATION					
Camp/Program Name		Program Dates		Department or Unit Sponsoring Program			ogram	
		PARTICIPANT INFO	RMATION					
Participant First Name (Print) Middle Initial		Last Name		Age	Birtl	Birthdate		
EARLY/ALTERNATIVE REL	.EASE							
l.	. pare	nt/guardian of				grant permi	ssion to the	
I, Aquinas College program sta	iff to release res	onsibility for my you	th participa	ant to the follo	owing inc	dividuals only	, during the	
specified dates and times of		, ,,			3	,	, 3	
		AUTHORIZED A	DULTS					
First Name (Print)	Last Name	Relationship		Phone Number		Date/Time	Date/Time	
							of Return	
						1		
*If the minor is permitted to ti	ransport him/her:	self please list in cha	rt above					
n and minor to portuited to a		ion, prodoc not ni oria	rt doore					
AUTHORIZATION SIGNATU	JRE							
By signing below, I acknowle								
excused in the one of the abo	ove ways. I also	understand that the p	articipant v	will not be re	leased to	any persons	other	
than those listed above.								
Printed Name of Parent/Guardian						Date		
						1		
Signature of Parent/Guardian						Date		
Phone		Email						