



School-Age Transportation Permission Form

Child's Name: _____

Child's Birth Date: _____

- 1) I hereby give my consent for my child to be transported and supervised by Mini Texans Christian Learning Center employees from the elementary school he/she is attending.

Elementary School Name

Elementary School's Phone

Elementary School's Address

- 2) In the event of an emergency, please contact the below person at the below number.

Emergency Contact Name: _____

Emergency Contact Number: _____

- 3) In the event that I cannot be reached to make arrangements for emergency medical attention, I give consent to Mini Texans Christian Learning Center to seek emergency medical attention.

Primary Contact Person's Signature

Date