## MOUNTAINHEART COMMUNITY SERVICES, INC. HEAD START/EARLY HEAD START PROGRAM TRANSPORTATION CONSENT/ABDUCTION PRECAUTION

Child's Name:	Birth Date:	Site:
	n and authorization for the MountainHeart H luring their enrollment in the program. I und alified to provide such services.	
(Check if giving your permission)		
Transportation from home (or	other designated pick-up) to Head Start Cer	nter and return.
Transportation from home an	d/or HS/EHS center to medical/dental exam	inations in and out of county.
Transportation from home an out of county, as needed upo	d/or HS/EHS center to follow-up evaluation my approval.	s and/or treatment appointments in and
Transportation for special eve	nts such as a field trip, picnic, etc. in and ou	at of the county.
	ld and guard against kidnapping or custody- o is not authorized by you in advance.	related abductions, the HS/EHS staff wil
Please make a list below of or center when you are not available	those persons 18 years and older who may be.	e allowed to pick your child up at the bus
Name:	Relationship:	Phone #:
Physical Address:		
Name:	Relationship:	Phone #:
Physical Address:		
Name:	Relationship:	Phone #:
Physical Address:		
Name:	Relationship:	Phone #:
Physical Address:		
Please list below anyone who might	attempt to pick up your child and is not aut	horized under any circumstance.
Name:	Relationship:	
	Relationship:	
I will notify the HS/EHS Dri	ver or Teacher in writing of any changes in	the authorization and/or restrictions.
Signature:	Relationship:	
Data		