



TRANSPORTATION AGREEMENT

This is to certify that I give Mill Creek Academy permission to transport

my child _____ (child's name)

BEFORE SCHOOL

from Mill Creek Academy at _____ (am)
pickup location

to _____ at _____ (am)
delivery location

AFTER SCHOOL

from _____ at _____ (pm)
pickup location

to Mill Creek Academy at _____ (pm)
delivery location

on the following days:

- ___ Monday
- ___ Tuesday
- ___ Wednesday
- ___ Thursday
- ___ Friday

Mill Creek Academy is authorized to receive my child. In the event the authorized person is not present to receive my child, the following procedures are to be followed:

The _____ is approximately _____ miles from the center.
location

In the event that my child is not to be transported as outlined above, I agree to notify Mill Creek Academy.

Signature _____ Date _____
(Parent/Legal Guardian)



VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Address _____

Mother's Name _____

Home Phone _____ Work Phone _____

Father's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses - GWINNETT MEDICAL CENTER

Address 1000 MEDICAL CENTER BLVD LAWRENCEVILLE GA 30043 678-442-4382

Child's Allergies _____

Current prescribed medication _____

Child's special medical needs and conditions _____

In the event of an emergency involving my child, and if **Mill Creek Academy** cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature _____ Date _____

(Parent/Guardian)