

Authorization to transport:

I/We hereby authorize Spaulding Academy & Family Services staff in the

Clinical Department and Health Office to transport my son(s)/daughter (s),

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Child’s Name Child’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name Child’s Name

on a one-to-one capacity for routine case management and appointments while my child is enrolled at Spaulding Academy & Family Services.

Reasons for this transportation would include, but not be limited to, court hearings, family meetings, testing/evaluations, case reviews, placement interviews, and medical appointments.

I/We am/are aware that my signature enables my child(ren) to be eligible for this type of transport, but this does not guarantee transportation will be provided.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent Signature | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witness | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |