



Please complete **ALL** spaces.

PRIMETIME

Transportation Agreement

HES HMS VMS

This is to certify that I give the Valdosta-Lowndes County Family YMCA permission to transport my child to the YMCA located at 2424 Gornto Rdoad on the following days:

Monday Tuesday Wednesday Thursday Friday

The YMCA staff is authorized to receive my child.

In the event my child is not able to be transported as outlined above, I agree to notify the YMCA by calling (229)244-4646. Please notify the YMCA by 2:00pm.

Example: Child is a car rider, checked out early, at home sick, etc.

Child's Name: _____ Grade/Teacher: _____

School: _____

Time School ends: _____ Parent/Guardian Phone#: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father/Guardian's Name _____

Home Phone _____ Work Phone _____

Mother/Guardian's Name _____

Home Phone _____ Work Phone _____

Emergency contact to notify if parents/guardians cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Child's Allergies _____

Current perscribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if _____
Name of Facility

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 (Parent/Guardian) _____

Witness By _____ Date _____