



VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Cell Phone _____ Work Phone _____ e-mail _____

Mother's Name _____

Cell Phone _____ Work Phone _____ e-mail _____

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

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if A ONE TRANSPORT SOLUTION, LLC 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 _____



AUTHORIZATION TO TRANSPORT CHILD

Child's First Name: _____ Child's Last Name _____

Child's Date of Birth: _____

My child requires a booster seat: ____ Yes ____ No (All children under 8 years of age required to be in a booster seat and must be provided by the parent/guardian).

I authorize A One Transport Solution, LLC. to transport my minor child. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver.

I have read, understand, and discussed with my child:

1. My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;
2. My child is expected to listen to supervising driver , respect staff and other children , the vehicles they ride in, and the people they travel with during the trip;
3. My child is to remain in their seat and not be disruptive to the driver of the vehicle.
4. My child understands that is not allowed to eat or drink in the vehicle.

Parent/Guardian Name: _____

Parent/Guardian Signature

Date



AGREEMENT

All custodian parents and/or legal guardians are required to sign an Agreement of their child with A ONE TRANSPORT SOLUTION, LLC. Parents are required to indicate to whom all billing information and correspondence is to be addressed. Please red an initial this agreement.

_____ (initial) I understand payments are due on Fridays for the following week of service.

_____ (initial) I understand that the fee is not prorated and is due in full whether if it is a short week due to holiday, weather closure, or other school closure.

_____ (initial) I understand there is not credit/reimbursement given for scheduled school holidays, child illness, children with behavior issues, or for closings due to emergency situations, or inclement weather.

_____ (initial) I agree to notify A One Transport Solution, LLC in advance of any scheduled absences or requested schedule changes.

Parent Name: _____

Parent Signature: _____