



## 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 read and 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.

\_\_\_\_\_ (initial) Fee for School Breaks is \$25 rate per week. First payment is due before the start of the break.

\_\_\_\_\_ (initial) Scheduled time of pick up and drop off can change due to enrollments and withdrawals.

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Parent Name

Parent Signature

Date



The novel corona virus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person through respiratory droplets when an infected individual coughs, sneezes or speaks. As a result, government agencies at all levels and federal, state and local health agencies recommend social distancing and have place limits on the congregations of groups of individuals. A ONE TRANSPORT SOLUTION, LLC has put preventive measures in place to reduce the spread of COVID-19, however, A ONE TRANSPORT SOLUTION, LLC cannot guarantee that you or your child (ren) will not become infected with COVID-19. By enrolling your child (ren) in A ONE TRANSPORT SOLUTION, LLC service, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you, your child (ren) and or other family members maybe exposed to or infected by COVID-19. It is expected that students and other family members will follow the preventative measures and guidelines implemented by A ONE TRANSPORT SOLUTION, LLC including non use of service if demonstrating any signs or symptoms of COVID-19. If your child(ren) demonstrates any symptoms of covid-19, A One Transport Solution, LLC has the right to deny service. I have the acknowledged at the stated above and I agree with them.

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Parent Name  
Date

Parent Signature



## AGREEMET DURING COVID-19

\_\_\_\_\_(initial) I understand that my child(ren) will have his/her temperature taken before boarding the van.

\_\_\_\_\_(initial) I understand that my child(ren) will use hand sanitizer before boarding the van.

\_\_\_\_\_(initial) I understand that the use of the face mask is mandatory as long as my child(ren) remains in the van and I declared that my child(ren) has no contraindications to the use of this face mask.

\_\_\_\_\_(initial) I understand that my child(ren) will be assigned a seat in which he must sit whenever he is on board the van.

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\_\_\_\_\_  
Parent Name  
Date

Parent Signature