



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 my child must be ready at the scheduled pick-up time. Once the driver arrives, my child has two (2) minutes to enter the vehicle before being considered a “No show”.

_____ **(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 no 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. My child will be considered a “No show” if I do not notify scheduled changes and could be subject to a \$10.00 service fee.

_____ **(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.

_____ **(initial)** Official notification for withdrawal from A One Transport Solution. Requires a minimum of two weeks’ notice in writing.

_____ **(initial)** I understand my child will not be pickup if payment is not received.

_____ **(initial)** I understand that my child(ren) will be assigned a seat in which he/she must sit when they are on board the van.

Parent Name

Parent Signature

Date