



## FBCCH Transportation Authorization & Consent Form

\*This form must be completed prior to FBCCH vehicle transportation services are administered

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_

PICK-UP LOCATION  
ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GENERAL DRIVING DIRECTIONS TO PICK-UP/DROP-OFF LOCATION: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_

MEDICAL/HEALTH INSURANCE PROVIDER: \_\_\_\_\_

GROUP/POLICY NUMBER: \_\_\_\_\_

POLICY HOLDER (NAME OF INSURED): \_\_\_\_\_

**AUTHORIZATION STATEMENT/CONSENT:** I authorize vehicle transportation of my child by an FBCCH designated parent/driver.

\_\_\_\_\_  
\*Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\*FBCCH reserves the right to decline transportation privileges.  
This authorization/consent is void without parent/guardian signature.