

**TRANSPORTATION:**

Please list all who are authorized to pick up your child. Please give us a contact phone number and copy of their ID as well. We take safety of your children very seriously and will check the Driver's License before releasing your child.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DRIVER'S LIC# \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DRIVER'S LIC# \_\_\_\_\_

**MEDICAL EMERGENCIES:**

The undersigned gives permission to *Fly Arts Center*, its volunteers and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. If necessary, I request that my child be transported to a nearby hospital.

HOSPITAL CHOICE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN (NAME/ADDRESS/PHONE) \_\_\_\_\_

ALLERGIES/MEDICAL CONDITIONS/SPECIAL REQUESTS

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_