

Transportation Plan and Authorization 7.13(1&2)

Child's Name:	
My child will arrive at the program (check all that	apply):
Parent drop off	
Transportation arranged by parent (i.e., frien	d or family)
Other	
My child will depart from the program (check all t	nat apply):
Parent pick-up	
Transportation arranged by parent (i.e., frien	d or family)
Other	
I understand that HCP will not release my child to	anyone without my authorization.
Parent Signature:	Date:

