



CHILDREN'S MONTESSORI PRESCHOOL  
CAR POOL AND TRANSPORTATION FORM

**PERMISSION TO TRANSPORT THE CHILD IN A MEDICAL EMERGENCY.**

This form will be kept as a reference of those persons authorized to pick up your child. Please notify the school promptly of any changes. **CHILDREN WILL BE RELEASED TO AUTHORIZED PERSONS ONLY.**

\_\_\_\_\_ may be transported by the following  
(name of child)

persons:

\_\_\_\_\_  
Name phone

\_\_\_\_\_  
Name phone

\_\_\_\_\_  
Name phone

I hereby give my permission for my child to be transported to a medical facility in the event of a medical emergency.

\_\_\_\_\_  
parent signature (date)