

AQUINAS COLLEGE

TRANSPORTATION AUTHORIZATION FORM

This form must be completed prior to the start of the program by the parent/guardian listed as the youth participant's emergency contact for the following instances:

- The participant's parents/guardians wish for the participant to be excused from the program prior to its scheduled conclusion
- The participant's parents/guardians have arranged for the participant to be temporarily checked out of the program for another event (scheduled family gathering, medical appointment, dining off-site with a family member, etc.)
- The participant's parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program's drop-off process
- The participant's parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program's pick-up process
- The participant's parents/guardians authorize the participant to commute independently to and from the specified youth program

PROGRAM INFORMATION				
Camp/Program Name		Program Dates	Department or Unit Sponsoring Program	

PARTICIPANT INFORMATION				
Participant First Name (Print)	Middle Initial	Last Name	Age	Birthdate

EARLY/ALTERNATIVE RELEASE

I, _____, parent/guardian of _____, grant permission to the Aquinas College program staff to release responsibility for my youth participant to the following individuals only, during the specified dates and times of the program.

AUTHORIZED ADULTS					
First Name (Print)	Last Name	Relationship to Minor	Phone Number	Date/Time of Release	Date/Time of Return

**If the minor is permitted to transport him/herself, please list in chart above*

AUTHORIZATION SIGNATURE

By signing below, I acknowledge that Aquinas College will not be responsible for the participant after the participant is excused in the one of the above ways. I also understand that the participant will not be released to any persons other than those listed above.

Printed Name of Parent/Guardian		Date
Signature of Parent/Guardian		Date
Phone	Email	