

WOOD COUNTY HEAD START, INC.
TRANSPORTATION PERMISSION

1011 8TH STREET SOUTH
WISCONSIN RAPIDS, WI 54494
715-421-2066 ~ FAX 715-421-2069

I hereby authorize Wood County Head Start to transport my child(ren) from my home to the center and from the center to my home. This permission also includes transportation to/from:

- 1) _____
(Name of School(s)/Day Care Provider (other than Head Start) sitter)

- 2) *Riverview Hospital (715) 423-6060

- 3) *Marshfield Hospital (715) 387-1713

Name(s) of Child(ren):

I understand that in the event there is not a designated responsible person (listed on the Child Release Form) to accept my child(ren) at time of drop-off and a legal guardian is not able to be contacted, my child(ren) will be turned over to the local law enforcement (county sheriff).

Complete Transportation Procedure is available.

Parent Signature

Date

Form is to be kept in the Child's File

HFS 46.04 (6)(a)3