TRANSPORTATION PERMISSION – CHILD CARE CENTERS

Use of form: Use of this form is voluntary. However, completion of this form will help ensure compliance with portions of DCF 202.08(9), DCF 250.08, DCF 251.08 and DCF 252.09 of the Wisconsin Administrative Codes regarding regularly scheduled, operator / center-provided / center-contracted transportation of children in care. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file at the center and update the information as needed. The center shall maintain the completed form in the child's file for the duration of the child's enrollment. Note: A copy of this form shall be carried in the vehicle when transporting the child. If the child has special health care needs, also include a copy of DCF-F-CFS-2345, *Health History and Emergency Care Plan* or the center's equivalent form.

A. CHILD INFORMATION

Name	Home Address (Street, City, State, Zip Code)

☐ Yes ☐ No Does the child have any special health care needs? If "Yes", attach the department form, *Health History and Emergency Care Plan,* or the center's equivalent form.

B. PARENT / GUARDIAN INFORMATION Provide information where the parent / guardian may be reached while the child is in care.

1. Name	Home Telephone Number	Work Telephone Number	Cellular Telephone Number

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Address (Street, City, State, Zip Code)			

2. Name	Home Telephone Number	Work Telephone Number	Cellular Telephone Number
Address (Street, City, State, Zip Code)			

C. EMERGENCY CONTACT INFORMATION Provide information on the person to contact if the parent / guardian cannot be reached.

Name	Address (Street, City, State, Zip)	Telephone Number

D. AUTHORIZED DESTINATIONS / PERSONS INFORMATION

	Address Child Transported From (Street, City)	Address Child Transported To (Street, City)	Length of trip one way	Person Authorized to Receive Child
1.				
2.				
3.				
4.				

Procedure to follow when parent / guardian or authorized adult is not at destination to receive child – Specify.

E. CHILD'S HEALTH CARE PROVIDER INFORMATION

Name – Physician	Telephone Number

Address (Street, City, State, Zip Code)

F. AUTHORIZATION

1. ☐ Yes ☐ No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
2. ☐ Yes ☐ No I hereby give permission for my school-aged child to enter a building unescorted.

SIGNATURE – Parent / Guardian	Date Signed