

Parent Authorization Form

No child will be transported unless this form is on file at Watertown Area Transit

Child's Information: (One child per form, please.)

Today's Date _____

Name: _____	Birth Date: ____/____/____
Pickup Address: _____	Time: _____
Drop Off: _____	Time: _____
<input type="checkbox"/> Return Trip Needed?	Time: _____ place: _____
Start Date: _____	Days of Week: M T W TH F
Grade: _____	Transport Instructions: Wheelchair? Walker? Cane? _____
<input type="checkbox"/> Medical Card?	Medical Instructions: _____

Rides must be paid for with tokens or cash.

Tokens may be purchased from any driver or at the Transit Office.

Missed rides are considered "no shows" and may be subject to suspension of service if continually repeated.

Parent Information: Name: _____

Address: _____
(Street Address) (City) (State) (Zip)

Phone: (H) _____ (W) _____ (C) _____

Employer: _____ Work Hours: _____ - _____ days: _____ - _____

(Please indicate Mother, Father, Other)

Emergency Contact: _____ Day Care Contact: _____
Name name phone

Emergency Phone number: _____

I have read and agree to all terms of this agreement.

Parent or Guardian Signature: _____ Date: _____

(For office use) Date Entered: _____ Initials: _____