

**Upper Cumberland Human Resource Agency
Van Buren County Head Start**

Child Transportation Permission Form

I, _____, give my child, _____,
permission to participate in the following Head Start Activities:

1. Head Start Transportation to and from Head Start on a bus.
2. Head Start Transportation Training by Van Buren County School System on a bus.
3. Safety and Evacuation Training on a bus
4. Field Trip Transportation to and from Field Trips on a bus.

I understand that I will be notified by the Head Start Staff prior to each activity.

Head Start Staff has explained the above information to me.

I understand that by signing this form my child will participate in these activities that involve bus transportation.

I also agree to assist Head Start in safe bus transportation by encouraging my child to follow all safety rules.

_____ Parent Signature _____ Date

_____ Staff Signature _____ Date

I do not give my child permission to participate in the above activities and understand alternate arrangements must be made for my child during these activities.

_____ Parent Signature _____ Date