

2018-2019 Transportation Agreement and Consent to Treat a Minor

I give St. Andrews Afterschool Program permission to transport my child, _____ Monday through Friday beginning August 6, 2018 through May 23, 2019 and/or the last day of school.

FROM: (please X the appropriate school)

_____ Evansdale Elementary School
2914 Evans Wood Dr, Doraville, GA 30040

_____ Livsey Elementary School
4137 Livsey Rd., Tucker, GA 30084

_____ Midvale Elementary School
3836 Midvale Rd., Tucker, GA 30084

_____ Tucker Middle School
2160 Idlewood Rd., Tucker, GA 30084

_____ Henderson Mill Elementary School
2408 Henderson Mill Rd, Atlanta, GA 30345

_____ Coralwood Elem/Kittredge Students
2477 Coralwood Dr., Decatur, GA 30033
(Additional Fee of \$15 Applies)

_____ The Globe Academy
2225 Heritage Dr., Atlanta, GA 30345
K-3rd Grade **(Additional Fee of \$15 Applies)**

_____ The Globe Academy
4105 Briarcliff Rd., Atlanta, GA 30345
4th-6th Grades **(Additional Fee of \$15 Applies)**

TO: St. Andrews Presbyterian Church, 4882 LaVista Rd., Tucker, GA 30084
St. Andrews Afterschool program agrees to provide afterschool care for:

_____ on _____M _____T _____W _____Th _____F
(Child's name)

**St. Andrews Afterschool
Parent Consent to Treat a Minor**

Being the parent or legal guardian of _____, (minor's name printed)
I _____ (parent/guardian's name printed) do consent to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child, I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan for the dental, medical or hospital care treatment that is given to my child. Any policy of the preschool will be used as the secondary coverage.

Minor's date of birth: _____ Current Age: _____

Parent/Guardian Signature: _____ Date: _____