## TRANSPORTATION FORM

## WALKER, HCA, CHILDCARE

I,am the parent/g	guardian of	, a student at
Apopka Christian Academy.		
I give my permission for my son/daughter to: (	pick which one applies)	
<ul><li>□ Walk To/From: Apopka Christian Acade</li><li>□ Be released to Highland Christian Acade</li><li>□ Be picked up by another childcare/tran</li></ul>	emy	a, FL 32703
Childcare/Transportation Company:		
Phone #		
I agree that I am responsible to communic procedures and to provide the appropriate car responsible for all communication with the clean child is not picked up by the end of dismissa responsible for charges that may accrue.	r tag needed to pick up my stude hildcare provider listed above.	ent. I as the parent am In the event that my
Although Apopka Christian Academy takes pr happen. Please understand that not all hazards		's safety, accidents do
Please indicate your understanding of the ristatement: I do assume the risk in my student's		following
I give my permission for	to receive emerger	ncy medical
treatment in the event of an emergency. In an e	mergency, please contact:	
Name:	Phone:	
I acknowledge that I will not seek to have A Outreach Center held liable in the event that circumstance or incident occurs during or as a from school. This release of liability includes well as, to other individuals or property which event. I hereby release and agree to hold harm World Outreach Center, its officials, agents, volof my son's/daughter's participation in the exthe statements recited above and accept full restricted.	t any accident, injury, loss of paresult of my son's/daughter's accident, injury, loss, or damaged may result from the student inless Apopka Christian Academ lunteers, and employees, from event(s). I have read and understant	transportation to and ges to the student, as 's participation in the y and Victory Church any claims arising out
	Date:	ParenPa
rent's/Guardian's Signature		