



Miracles and Memories Academy

Consent to Transport

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|--|-------------------------------|
| PARTICIPANTS NAME | |
| I give the qualified employees of Miracles and Memories Academy permission to drive and to transport my participant for prearranged field trips related to the program. This permission is in effect for as long as my participant is enrolled in Miracles and Memories Academy program. | |
| PARENT/GUARDIAN SIGNATURE | DATE |
| PARENT/GUARDIAN NAME (PRINT) | RELATIONSHIP TO CLIENT |