

Kids Korner Transportation Authorization

My child, _____, has my permission to ride the Kids Korner van for:

(check appropriate lines below)

_____ To and from Guntersville Elementary/Cherokee Elementary/Guntersville Middle School to Guntersville First United Methodist Church. This will be from (date)_____ to (date)_____.

_____ To and from Guntersville First United Methodist Church to Jane Kohl's Dance Studio and Joan's Gymnastics in Guntersville, Alabama.

_____ Kindergarden class ONLY: To and from the library on Wednesdays of the school year from (date)_____ to (date)_____.

_____ To and from Kids Korner to all Field Trips for the year beginning (date)_____ to (date)_____.

It is important that you inform the church office when there is a change in transportation or if your child is adsent from school.

Emergency Numbers to Call:

Home:_____ Work:_____ Other_____

Medical Insurance Provider:_____

Policy Number:_____ Group or Contract Number_____

Local Physician used:_____ Phone_____

Child's Birthday_____ Grade in School_____

In case of emergency, you have my permission to obtain any medical assistance needed. I do not hold Kids Korner or its staff liable for any injuries or medical expenses incurred for my child on any said field trips in the school year.

Signature of Parent or Guardian:_____ Date:_____

Kids Korner
Jenny Stone, Director
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Guntersville, AL 35976
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