



CRISIS NURSERY
TRANSPORTATION CONSENT FORM

I _____ DOB _____, am the guardian of below listed child/children and I hereby agree to allow the below named child to be transported by Crisis Nursery staff.

Name of child(ren) and DOB(s):

I hereby authorize the staff of the Crisis Nursery to transport the child(ren) named above, to and from, 201 Genesee Park Boulevard, Rochester, NY 14619, to the following address:

I agree that the Crisis Nursery will not be held liable for any incident which adversely affects the welfare or safety of said child resulting from transportation.

I acknowledge I have read, understand, this agreement and have provided full and complete information to the Crisis Nursery staff.

Parent/Guardian signature _____ Date _____

Name of Witness _____

Witness Signature _____ Date _____