



Country Grove Children's Center
99 Todd Hill Rd.
Poughkeepsie NY 12603
(845)486-1080
countrygrove@gmail.com

TRANSPORTATION RELEASE

Child(ren)'s Name(s) _____

_____ and _____ give permission to Country Grove Children's Center to transport my child(ren) in the event of an emergency. Country Grove Children's Center **must call 911** before contacting me. Country Grove Children's Center will immediately contact myself, my spouse, or an emergency contact thereafter.

Any staff member accompanying my child(ren) will be in strict compliance with all Office of Children and Family Services regulations.

I understand that I am responsible for any medical expenses.

_____/_____

_____/_____