

**2009 Transportation Agreement and Consent to treat a Minor**

I give St. Andrews Afterschool Program permission to transport my child, \_\_\_\_\_  
Monday through Friday beginning August 10, 2009 through May 21, 2010.

FROM: (please X the appropriate school)

\_\_\_\_\_ Evansdale Elementary School  
2914 Evans Wood Dr. Doraville, GA 30040

\_\_\_\_\_ Livsey Elementary School  
4137 Livsey Rd., Tucker, GA 30084

\_\_\_\_\_ Midvale Elementary School  
3836 Midvale Rd., Tucker, GA 30084

TO: St. Andrews Presbyterian Church  
4882 LaVista Rd., Tucker, GA 30084

St. Andrews After School program agrees to provide after school care for

\_\_\_\_\_ on \_\_\_\_\_  
(child's name) (days of the week)

**St. Andrews Afterschool  
Parent Consent to Treat a Minor**

Being the parent or legal guardian of \_\_\_\_\_, (minor's name printed)  
I \_\_\_\_\_ (parent/guardian's name printed) do  
consent to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment that may be  
deemed necessary for my minor child. Further, I understand that all efforts will be made to  
contact me prior to treatment. In the event I cannot be reached in an emergency, I give  
permission to the activity leader to make the decisions necessary for treatment. Should there be  
no activity leader available, I give permission to the attending physician to treat my minor child,  
I further understand that the doctors, dentists, and other providers attending to my child will take  
all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor  
child and agree that my insurance plan is the primary plan for the dental, medical or hospital care  
treatment that is given to my child. Any policy of the preschool will be used as the secondary  
coverage.

Minor's date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_