



QUIET WATERS OUTREACH

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E-mail: info@quietwatersoutreach.org

TRANSPORTATION RELEASE

I, the parent/guardian of the guest named below, hereby give permission to the respite care provider to transport the guest named above to and from Quiet Waters Outreach activities.

Guest First/Last Name: _____ Sex: ___ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Guardian Name: _____

Guardian Address (if different): _____

City: _____ State: _____ Zip: _____ Guardian Phone: _____

Guardian Alternative Phone: _____

In case of emergency and guardian cannot be reached, please contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____