

**LYNN PARKS AND RECREATION
TRANSPORTATION PLAN AND AUTHORIZATION
7.90(3) AND 7.12(1)**

CHILD'S NAME: _____
PARK _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

_____ PARENT DROP OFF
_____ OTHER (DESCRIBE _____)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

_____ PARENT PICK-UP
_____ OTHER (DESCRIBE _____)

I give my child permission to be release from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day.
(If no one is authorized, please indicate below by writing "NO ONE")

Name _____ Relationship - _____
Address _____ Phone () _____

Name _____ Relationship - _____
Address _____ Phone () _____

Name _____ Relationship - _____
Address _____ Phone () _____

ANY OTHER TRANSPORTATION REQUEST MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED.

THE PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

PARENT/GUARDIAN SIGNATURE: _____

DATE: ____/____/____