

**2017-2018 Transportation Agreement and Consent to Treat a Minor**

I give St. Andrews Afterschool Program permission to transport my child, \_\_\_\_\_ Monday through Friday beginning August 7, 2017 through May 24, 2018 and/or the last day of school.

**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

\_\_\_\_\_ Tucker Middle School  
2160 Idlewood Rd., Tucker, GA 30084

\_\_\_\_\_ Henderson Mill Elementary School  
2408 Henderson Mill Rd, Atlanta, GA 30345

\_\_\_\_\_ Coralwood Elem/Kittredge Students  
2477 Coralwood Dr., Decatur, GA 30033  
**(Additional Fee of \$15 Applies)**

\_\_\_\_\_ The Globe Academy  
2225 Heritage Dr., Atlanta, GA 30345  
K-3<sup>rd</sup> Grade **(Additional Fee of \$15 Applies)**

\_\_\_\_\_ The Globe Academy  
4105 Briarcliff Rd., Atlanta, GA 30345  
4<sup>th</sup>-6<sup>th</sup> Grades **(Additional Fee of \$15 Applies)**

\_\_\_\_\_ Shallowford Pres. School  
2375 Shallowford Rd., Atlanta, GA 30345  
**(Additional Fee of \$15 Applies)**

**TO:** St. Andrews Presbyterian Church, 4882 LaVista Rd., Tucker, GA 30084  
St. Andrews Afterschool program agrees to provide afterschool care for:

\_\_\_\_\_ on \_\_\_\_\_M \_\_\_\_\_T \_\_\_\_\_W \_\_\_\_\_Th \_\_\_\_\_F  
(Child's name)

**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: \_\_\_\_\_ Current Age: \_\_\_\_\_

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