

**Beyond the Rainbow**  
1720 W. 4<sup>th</sup> Ave Kennewick, WA 99336  
509-586-3627

**Transportation/Medical Authorization Form  
To/From School**

I, \_\_\_\_\_, hereby give my permission to Beyond the Rainbow  
(The natural parent or legal guardian's name)  
employees to transport my child by car and/or van to/from

\_\_\_\_\_.  
(School Name)

All the children will be in appropriate child restraint systems at all times.

\*We are not responsible for taking children to their class.

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
(Full Legal Name)

Drop off at school \_\_\_\_\_ Pick up from school \_\_\_\_\_  
(Time) (Time)

Classroom # \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Health History \_\_\_\_\_ Allergies \_\_\_\_\_ Medication \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Info \_\_\_\_\_  
(First and Last Name) (Phone Number)

Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I grant permission for BTR employees to authorize emergency care services if needed.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_