

Beyond the Rainbow
1720 W. 4th Ave Kennewick, WA 99336
509-586-3627

**Transportation/Medical Authorization Form
To/From Field Trips**

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 all/any field trips.

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)

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: _____