



TAVON LEARNING CENTER

Consent to Transport

Participant's Name: _____

Date of Birth: _____

I, _____, parent/guardian of
_____, give drivers of the

Tavon Learning Center staff, permission to transport my young adult in the Tavon Learning Center van for field trips related to the programs of Tavon Learning Center.

I further release the Tavon Learning Center from all responsibility should any injury arise while my son/daughter is being transported in a safe and responsible manner.

This permission is in effect for as long as my young adult is enrolled at Tavon Learning Center.

Parent/Guardian Signature: _____ Date: _____