

Permissions Form

Emergency Transportation Authorization (sign one or the other, not both)

St. John's JEC **has permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

Parent signature: _____

Date: _____

OR

St. John's JEC **does not have permission** to secure emergency transportation in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:

Parent signature: _____

Date: _____

Acknowledgement of Policies and Procedures

I have reviewed the St. John's JEC's policies and procedures handbook, either in paper version or online.

Initial: _____

Annual Registration Review

Parent/Guardian

signature: _____ Date: _____

Administrator

Signature: _____ Date: _____

Initial:	Date:	Initial:	Date:
Initial:	Date:	Initial:	Date:
Initial:	Date:	Initial:	Date: