



SKIES Unlimited

Schools of Knowledge, Inspiration, Exploration & Skills

TRANSPORTATION AUTHORIZATION FORM

I, (Parent/Guardian) _____ grant permission for my child (Print First & Last Name) _____, to be picked up from (CYSS program) _____ and transported by government vehicle to (class location) _____ for (class name) _____:

Check one:

- From _____ to _____ (specific dates)
 Until withdrawn from the class (unknown length of attendance)

Class days (circle all that apply for this class): Mon Tues Wed Thurs Fri

I understand that my child will be transported back to (original CYSS program) _____ immediately following his/her lesson.

Emergency Contact #: _____ (Specify the relationship if not the parent/guardian)

In consideration for my child being allowed to participate in the above mentioned SKIES Unlimited class, I hereby release the Child, Youth and School Services (CYSS), Fort Jackson, the U.S. Army and the United States Government from any liabilities or claims arising from my child's participation. _____ (Initials)

I give consent for an authorized CYSS staff member to take my child/children for medical or dental care, in an emergency situation where the child's condition represents a serious or imminent threat to his/her life, health and well-being. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be borne by me. Treatment at any Army facility may be provided without additional consent under the provision AR 40-3, paragraph 3-19. _____ (Initials)

Print Name Parent/Guardian Signature
SKIES Unlimited Director Signature Date

Please fax the completed form to 751-1442, ATTN: SKIES Unlimited Director or email it to jeanette.dempsey@us.army.mil.