

Transportation Agreement

I give Eastminster School Age Program permission to transport my child, _____

Monday through Friday, beginning Wednesday, August 5th, 2024 and ending Wednesday, May 21, 2025

From: (please check your child's school)

_____ Smoke Rise Elementary School
4780 Hugh Howell Rd. Tucker, GA

_____ Smoke Rise Prep & Smoke Rise Baptist
Hugh Howell Road Stone Mountain, GA

_____ Mountain Park Elementary School
1500 Pounds Rd, Lilburn, GA

_____ Turning Sun Preschool
Eastminster Campus
5801 Hugh Howell Road Stone Mtn, GA

_____ Arcado Elementary School
5150 Arcado Rd, Lilburn, GA

_____ Philmore Academy
6015 Old Stone Mtn. Road Stone Mtn GA

_____ Camp Creek Elementary
958 Cole Dr. Lilburn, GA

_____ Mountain Park Baptist Church
5485 Five Forks Trickum Rd St. Mtn, GA

TO: Eastminster Presbyterian Church
5801 Hugh Howell Rd, Stone Mountain, GA 30087

_____ Tucker Methodist Church Preschool
5095 Lavista Rd. Tucker, GA 30084

On the following days: (please circle)

Monday - Tuesday - Wednesday - Thursday - Friday

Parent Consent to Treat a Minor

Being the parent or legal guardian of _____, (minor's name printed)

I _____ (parent/guardian's name printed) do consent to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child, I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan for the dental, medical or hospital care or treatment that is given to my child. Any policy of the ESAP will be used as the secondary coverage.

Minor's date of birth: _____ Age: _____

Parent/Guardian Signature: _____ Date: _____