

## Transportation Agreement

I give Eastminster School Age Program permission to transport my child, \_\_\_\_\_  
Monday through Friday, beginning Wednesday, August 3rd, 2022 and ending Wednesday, May 24, 2023  
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

\_\_\_\_\_ Mountain Park Methodist Preschool  
1500 Pounds Rd. Lilburn, 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

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: \_\_\_\_\_