



Carl Junction School District Health Transportation Consent

FAMILY CONTACT INFORMATION FOR STUDENTS

Please note that all information provided by you will be kept strictly confidential in compliance with Federal privacy laws.

LEGAL GUARDIAN(S): _____

PHONE NUMBER(S): _____

Student 1: _____ Date of Birth: _____
Grade: _____

Student 2: _____ Date of Birth: _____
Grade: _____

Student 3: _____ Date of Birth: _____
Grade: _____

Student 4: _____ Date of Birth: _____
Grade: _____

Student 5: _____ Date of Birth: _____
Grade: _____

Student 6: _____ Date of Birth: _____
Grade: _____

I consent to the above mentioned students being transported to/from CJ Schools Freeman Health System Carl Junction Family Medicine / Ozark Center Behavioral Health for the purpose of receiving services at Freeman Health System Carl Junction Family Medicine / Ozark Center Behavioral Health.

I consent to the above mentioned students being excused from school by Freeman Health System Carl Junction Family Medicine / Ozark Center Behavioral Health for the purpose of receiving services at Freeman Health System Carl Junction Family Medicine / Ozark Center Behavioral Health.

Transportation is only provided for students and only provided between the student's school and Freeman Health System Carl Junction Family Medicine/Ozark Center Behavioral Health.

Parent/Guardian signature

Date