NC Division of Child Development
and Early Education

Transportation Permission

A. Parent and Child Information

Name of Parent	Telephone Number - Primary
Name of Child □ Picture attached	Telephone Number - Secondary

B. Emergency Contact Information (non-parent)

Name	Telephone Number

C. Departure and Return Times

Departure Time	Arrival Time	Return Time

D. Authorized Destinations

Child transported from	Child transported to

E. Parent Signature and Other

Person receiving child, if applicable □ On application	Method of Travel
Permission to transport is valid from [give date] to [give date]. From To (up to 12 months)	Transportation Provider
Signature of Parent or Guardian	Date