



**BOYS & GIRLS CLUB
OF JANESVILLE**

BUSING TRANSPORTATION PROGRAM PERMISSION

My Son/Daughter has my permission to travel from their Elementary school to the downtown Boy's & Girl's Club by bus. This program will run Monday through Friday. Parents must pick up their child from the Boy's & Girl's Club at 200 West Court St. by 7:00 PM. Please note that there will be no busing on days the Club is closed, including the last week of school.

I understand that if my child is not at the designated pickup area by 3:15 that the Boys & Girls Club is no longer responsible for transporting my child and is not obligated to wait unless given specific instruction to do so. I understand that if my child misses the bus to the Boy's & Girl's Club that it is my responsibility to make other pick up arrangements for my child.

I understand it is the parent's/guardian's responsibility to know if the Club is CLOSED or will be closing early due to inclement weather. Please Listen to AM radio WCLO 1230, look online at www.wlco.com (Closing Tabs), Boys & Girls club of Janesville Facebook page, or call the club.

Any time the schools are closed for weather the Club will be closed as well.

Any time the school have an early release days due to inclement weather/sever situations, we will still bus to the club.

If the Boys and Girls Club is closing early due to inclement weather, we will still bus to the club. Pick up will need to be arranged by 4:30pm for your child.

I understand that the Boy's and Girl's Club of Janesville and School District of Janesville shall not be responsible or legally liable for any losses of personal property, accidents, or bodily injuries incurred by my child in connection with the Boy's & Girl's Club Busing Transportation Program and/or attending programming with the Boy's & Girl's Club.

I understand that at certain times there may not be adult supervision and the School District of Janesville is not responsible for supervising the students after 3:00 PM. I understand that my child is to wait in a designated area after school until the bus comes with a BGC staff on board.

I give the Boy's & Girl's Club of Janesville my permission to authorize emergency medical treatment should it be deemed necessary.

We have carefully read the information above and we fully understand and agree with the conditions set forth.

Transportation Permission – Child Care Centers

Use of form: Use of this form is voluntary. However, completion of this form will help ensure compliance with portions of DCF 250.08, DCF 251.08 and DCF 252.09 of the Wisconsin Administrative Codes regarding regularly scheduled, center-provided / center-contracted transportation of children in care to and from the center. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file at the center and update the information as needed. The center shall maintain the completed form in the child's file for the duration of the child's enrollment. Note: A copy of this form shall be carried in the vehicle when transporting the child. If the child has special health care needs, also include a copy of CFS-2345, Health History – Child Care Centers.

A. CHILD INFORMATION

Name	Address – Home (Street, City, State, Zip Code)		
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Yes No Does the child have any special health care needs? If "Yes", attach the department form, "Health History – Child Care Centers."

B. PARENT / GUARDIAN INFORMATION Provide information where the parent / guardian may be reached while the child is in care.

1. Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Address (Street, City, State, Zip Code)			
2. Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Address (Street, City, State, Zip Code)			

C. EMERGENCY CONTACT INFORMATION Provide information on the person to contact if the parent / guardian cannot be reached.

Name	Address (Street, City, State, Zip)	Telephone Number
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D. AUTHORIZED DESTINATIONS / PERSONS INFORMATION

Address Child Transported From (Street, City)	Address Child Transported To (Street, City)	Person Authorized to Receive Child
1.		
2.		
3.		
4.		

Procedure to follow when parent / guardian or authorized adult is not at destination to receive child – Specify.

E. CHILD'S HEALTH CARE PROVIDER INFORMATION

Name – Physician	Address (Street, City, State, Zip Code)	Telephone Number
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F. AUTHORIZATION

- Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes No I hereby give permission for my school-aged child to enter a building unescorted.

SIGNATURE – Parent / Guardian

	Date Signed
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