OCFS 6013 (2/2015)

## NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

## TRANSPORTATION CONSENT FORM

Provider Name:		Facility ID Number:
Program Name		
any transportatio	n provided or arranged for	bry requirement to obtain written consent from the parent of a child for by a caregiver, and to inform the parent when the person who is is not the Transportation Plan.
Parents whose copy of the progr prior to its start d	ram's transportation plan. If	on services must receive, at the time of enrollment of their children, a f the plan is amended, parents must receive a copy of the amended plan
t is recommende	ed that a separate Transpo	rtation Consent Form be completed for each child.
I have be	en informed of, and agree	to, the transportation plan of the above child care program.
Transport	tation Plan is attached to th	is Transportation Consent Form (Yes / No) circle one
Date of T	ransportation Plan	
I give per (name)	mission for my child	
names ar	nsported by (caregiver and/or transportation or arranged for by the	
At the following t	times (check all that apply):	
Only as r	ecorded on the posted tran	sportation schedule for my child
Other (ex	(plain)	
By signing this fo	orm I am giving consent for	the above described transportation services.
Parent Printed Name:		
	x	
Parent Signature:		