

Ohio Wesleyan University Early Childhood Center

AUTHORIZATION FOR ALTERNATE TRANSPORTATION

Child's Name:			
Parent Name		phone	
Parent Name		phone	
The following adults are	e authorized to transport my	child from the ECC:	
Name	phone	relationship to child	
Name	phone	relationship to child	
Name	phone	relationship to child	
Name	phone	relationship to child	
Parent signature and d	ate:		
Parent signature and da	ate:		