



Authorization to transport:

I/We hereby authorize Spaulding Academy & Family Services staff in the Clinical Department and Health Office to transport my son/daughter, \_\_\_\_\_, on a one-to-one capacity for routine case management and appointments while my child is enrolled at Spaulding Academy & Family Services.

Reasons for this transportation would include, but not be limited to, court hearings, family meetings, testing/evaluations, case reviews, placement interviews, and medical appointments.

I/We am/are aware that my signature enables my child to be eligible for this type of transport, but this does not guarantee transportation will be provided.

\_\_\_\_\_  
Parent Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
School/DCYF Worker's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_