



CHILD'S NAME: _____ DATE OF BIRTH: _____
 PHONE #: _____ CELL#: _____ WORK #: _____

ADDITIONAL AUTHORIZED PERSONS TO RECEIVE CHILD FROM BUS

Each School Year, Prismatic/SBL and the Orange County Department of Health requests an updated list of Emergency Contacts and Authorized Persons to receive a child from the bus. **We require a minimum of two (2) persons over the age of sixteen (16) years** authorized by the parent/guardian to receive their child from the bus if they will not or cannot be present. **All persons on this form must have a valid form of Photo Identification** (i.e. school/work/state ID, passport, driver's license, etc.) to present to the bus driver and/or attendant in order to receive a child from the bus.

PLEASE NOTE: Any person not listed on this form or the Transportation form will not be allowed to receive your child from the bus. If you need to add someone temporarily or permanently, please contact your child's Program or Ongoing Service Coordinator, so they can send you a new form and/or make the necessary changes and submit them to our office. **If there is a legal reason why a person can not receive your child from the bus**, please notify our office, your child's program and your School District or Service Coordinator immediately, so that we can update your records.

Name: _____	Relation to Child: _____	Phone: _____
Name: _____	Relation to Child: _____	Phone: _____
Name: _____	Relation to Child: _____	Phone: _____
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EMERGENCY CONTACTS

If the parent or guardian, as well as the Authorized Persons above are not present/available at the time of drop off and cannot be reached, the following individuals are to be contacted. Emergency Contacts are permitted to make minor decisions regarding the child's transportation in the parent/guardian's stead (i.e. temporarily authorizing someone to take the child off the bus, meeting the bus at the stop, etc.)

PLEASE NOTE: In addition to Photo ID, **persons listed as an Emergency Contact must also have their own transportation.** The bus will **not** drop the child off at an alternate address. Temporary changes in drop off location are not permitted except in absolute emergencies. Work schedule, appointments, weddings, vacation, not being home, etc., are not considered emergencies, therefore, other arrangements will have to be made. **If none of the persons on this form can be reached, Prismatic/SBL will first contact the child's Program, District and The Orange County Dept. of Health before notifying the Police Department as a last resort.**

Name: _____	Name: _____	Name: _____
Relation: _____	Relation: _____	Relation: _____
Phone#: _____	Phone#: _____	Phone#: _____

AUTHORIZATIONS & SIGNATURES

By signing this form, you acknowledge that you have read, understand, agree to and will comply with the terms, conditions and procedures outlined above for Authorized Persons and Emergency Contacts. You further agree that by signing this document, you are confirming that the information provided is current, accurate and meets the two person minimum requirement set by the Orange County Department of Health.

Parent/Legal Guardian Signature: _____ Date: _____