Red Rock Behavioral Health Services

CONSENT FOR TRANSPORTATION

I, _____ the undersigned parent/person having custody, or the legal guardian of _____

do hereby authorize employees of Red Rock BHS Resource Prevention Services to transport my child in order to participate in prevention activities and other activities in collaboration with the Regional Prevention Coordinator.

I also am authorizing the employee of Red Rock to administer minor First Aid Care or to transport for Emergency Care if the need should arise.

_____ _____

Student's Signature Date

_____ _____

Parent/Legal Guardian Date

_____ _____

Witness' Signature Date

_____

Student's Name