

**Permission to Transport Student
to/from**

Turner County Middle/High School to CareConnect School Clinic (Turner County Elementary School)

Student Name: _____

Date of Birth: _____

I give permission for my child to be transported in a motor vehicle or bus driven by a Turner County School employee (resource officer, bus driver, etc) to/from Turner County Middle/High School to CareConnect School Clinic, which is located at Turner County Elementary School for medical and dental services.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____