KENTUCKY STATE UNIVERSITY
Cooperative Extension Program 4-H Youth Development

TRANSPORTATION CONSENT FORM

TO BE COMPLETED BY PROGRAM STAFF:

Program/Event Name: _____

Date(s):_____ County/Location: _____

Employee Name: _____ Program Area: _____

Participant Information

Participant Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Telephone:_____ Email: _____

TRANSPORTATION CONSENT

I give permission for my child to participate in all approved program activities, including educational, recreational, and supervised off-site activities and field trips associated with the program.

I authorize my child to be transported by Kentucky State University employees, authorized volunteers, approved drivers, or contracted transportation providers, on university-approved vehicles for purposes related to camp activities.

ACKNOWLEDGEMENT OF TRANSPORTATION AND ACTIVITY RISKS

I understand that participation in field trips and transportation to and from activities may involve certain inherent risks, including but not limited to:

- vehicle travel,
- outdoor activities,
- recreational activities,
- public locations,
- and interaction with other participants.

I understand that Kentucky State University will take reasonable precautions to provide appropriate supervision and transportation procedures for participants.

EMERGENCY AUTHORIZATION

In the event of illness, injury, accident, or emergency during transportation or off-campus activities, I authorize Kentucky State University staff and representatives to obtain emergency medical care for my child if I cannot be reached immediately.
I understand that reasonable efforts will be made to contact me as soon as possible.

BEHAVIOR EXPECTATIONS DURING TRANSPORTATION

I understand that participants are expected to:

- follow all instructions from drivers and staff,
- remain seated when required,
- use appropriate behavior during transportation,
- and comply with all safety expectations and Code of Conduct requirements.

Failure to follow transportation safety expectations may result in disciplinary action or removal from activities.

I certify that I am the parent/legal guardian of the participant listed; I have read and understand this transportation consent form; and I voluntarily grant permission for participation and transportation.

Parent/Guardian Signature: _____ Date: _____