



KACHEMAK BAY
FAMILY PLANNING
CLINIC



KBFP.ORG
HOMERRECROOM.ORG
PHONE: 907-235-3436
FAX NUMBER: 907-235-8346
3959 BEN WALTERS LANE, HOMER, AK 99603

Transportation Permission Slip – REC Room

*In order to increase access to the REC Room, we are pleased to offer safe transportation for youth in our Ford Transit passenger van driven by REC Room staff. All drivers have been vetted and have completed a van safety orientation training. Youth must be between the ages of 12 and 18 and have the permission of a parent or guardian in order to ride in the van. **To grant permission, please fill out the form below and return to the REC Room.***

As their parent or guardian, I confirm that _____ is between the ages of 12 and 18 and has my permission to ride as a passenger in the REC Room Van (check all that apply)

- from Homer Middle School to the REC Room after school.
- on short, local field trips from the REC Room, during REC Room hours. (For field trips outside of normal REC Room hours or involving any additional risk, a separate permission slip will be required.)

Please read and initial the following:

___ I agree to be responsible for communicating with my child about their location at any given time.

___ I agree that the REC Room may transport my child during normal REC Room hours without providing me notice.

___ I am aware of current REC Room hours (*posted on homerrecroom.org*). I will arrange for my child to be picked up by me or someone I designate before the REC Room closes, or make arrangements with my child to walk, bike, or otherwise transport themselves home.

___ If I have not provided my child with the means to independently contact me at any given time, or if my child is not responding to my communication, I am aware that I may find information about my child’s whereabouts or get a message to my child by contacting KBFP/REC Room at (907) 235-3436.

Parent/Guardian Name

Parent/Guardian Signature

Date

Please take a moment to share your emergency contact information with us on the next page.



Emergency Contact Information

This information is for the confidential use of REC Room staff, and will be used only to communicate with you about your child.

Child's Name: _____

Parent/Guardian/Contact:	Relationship to Child:
Mobile or Home Phone (both if applicable):	Email:
Work Phone (if applicable):	Address:

Parent/Guardian/Contact:	Relationship to Child:
Mobile or Home Phone (both if applicable):	Email:
Work Phone (if applicable):	Address:

Parent/Guardian/Contact:	Relationship to Child:
Mobile or Home Phone (both if applicable):	Email:
Work Phone (if applicable):	Address:

Parent/Guardian/Contact:	Relationship to Child:
Mobile or Home Phone (both if applicable):	Email:
Work Phone (if applicable):	Address:

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