ASU SPEECH AND HEARING CENTER P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910 PH. (870) 972-3301 FAX (870) 972-3788

AUTHORIZATION TO TRANSPORT MINOR

For the safety of our minor clients, we are asking that you provide the name and phone number of three (3) people that are authorized to pick up your child from this facility in addition to you.

We will only allow you and these three people to take your child from this facility. If a situation arises that you need a different person (other than the three you list) to pick up your child, you will need to call our office and let us know the situation and provide a password that the person picking up your child will be required to give us before your child will be allowed to leave with them.

Child's name:	File #
2	phone
name	phone
name	phone

SIGNATURE OF PARENT/GUARDIAN DATE