



Parent Driving Consent Form

I, _____, (parent name) agree to
give _____ (staff
name(s) – include all) permission to transport my child, _____ (child name) to,
from and or during therapy session designated by my child's schedule, from _____ (start date) until
_____ (end date).

I also agree that neither the staff listed on this form nor The Shafer Center will be held accountable for any driving
related incidents that occur while my child is in their car.

Parent Name (please print): _____

Parent Signature: _____ Date: _____