

**Permission to Ride Form (Pickup from school)**

It is the parent's responsibility to inform their child's school authority for JEI After School Program pick-up.

*\*Please note: Shuttle service follows the York Region District School Board Bus Guideline. Should school buses be cancelled due to inclement weather, shuttle service will not be in service. Families will be notified to arrange their own transportation from the school to JEI Learning Center.*

Student Name(s): \_\_\_\_\_

Name of your child's school: \_\_\_\_\_

Name of your child's principal: \_\_\_\_\_

School Telephone number: \_\_\_\_\_

Your child's school dismissal time: \_\_\_\_\_

I (We) hereby grant permission for **JEI Learning Center**, **Helpful Care In-Home Services** and/or **Diverseat Markham** representatives to transport the above student(s) to JEI After School Program located at:

1650 Elgin Mills East, Unit 108, Richmond Hill, ON L4S 0B2 on the following days:

After School Program: Monday Tuesday Wednesday Thursday Friday

As the agent or guardian of this student, I hereby release, waive, discharge and agree to hold harmless JEI Learning Center, Helpful Care In-Home Services, and/or Diverseat Markham, its agents, officers, employees, and volunteers from all liability to me, my spouse, or my child for any and all loss and personal injury, including injury resulting in death, unless the damage and personal injury has been caused by the sole negligence of the agents, officers, employees or volunteers of JEI Learning Center, Helpful Care In-Home Services, and/or Diverseat Markham. I understand that accidents can occur. If first aid is required, JEI Learning Center, Helpful Care In-Home Services, and/or Diverseat Markham staff prior to the arrival of emergency personnel may provide it. I also consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of my student by a physician, qualified nurse, and/or hospital, in the event of injury or illness. I hereby waive on behalf of spouse, the above-named child, and myself any liability of JEI Learning Center, Helpful Care In-Home Services, and/or Diverseat Markham and of its agents or employees arising out of such medical treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

ALLERGIES/MEDICAL CONDITIONS: \_\_\_\_\_