

# Transportation Release

Ready Set GO Therapy, Inc.

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I give permission for my child, \_\_\_\_\_,  
print child's name

to leave occupational therapy with the follow individuals (please list names of any relatives, sitters, or friends that you would like to authorize to transport your child):

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Authorized by:

\_\_\_\_\_  
Signature of parent/legal guardian Date

\_\_\_\_\_  
Print name