



The Speech and Swallowing Clinic, LLC DBA

The Therapy Tree

912.331.0846 Phone

912.331.0847 eFax

TRANSPORT PERMISSION SLIP

My child has permission to be transported to and from the The Therapy Tree located at:

_____ on the following day (s) _____

_____ and time _____ for therapy. I understand that this may disrupt the school schedule as well as the tardies/absenteeism of my child.

I accept and approve this transport. If additional information is needed, please contact the The Therapy Tree at the number listed and dial option # _____ or contact me directly to confirm this transport request.

Please find attached the legal transport waiver signed by the patient's legal guardian to accompany this permission slip.

Name of School/Facility

Student Name

Legal Guardian Name

Legal Guardian Signature

Date