



3300 County Road 10, Suite 304K, Brooklyn Center, MN 55429
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**Authorized Minor Pick-up/Drop-off Service
Parent/Legal Guardian Consent Form**

Parent/Guardian Information

Names of Parent (s)/Legal Guardian _____

Home Address Street _____ City _____ State _____ Zip _____

Home Phone # _____ Other Phone # _____ E-mail Address _____

Passenger/Child Information

Full Name of Child/Passenger _____

Date of Birth (MM/DD/YYYY) _____ / _____ / _____ First _____ Middle _____ Last _____
Gender _____ Age _____

Home Address Street (if different than Parent) _____

City _____ State _____ Zip _____

School _____ Grade _____

Home Phone # (if different than Parent) _____ Cell/Alternative Phone # _____

Health Concerns/Allergies/Medical _____

Emergency Medical Information

Hospital/Clinic _____ Hospital/Clinic Address _____

Family Doctor/Physician _____ Office Phone # _____

Other Emergency Contact

Name _____ Relationship _____

Address _____

Cell/Daytime Phone # _____ Alternative Phone # _____

Service Request Procedures

A. To make a request for one-time or long-term **Authorized Minor Pick-up/Drop-off Service**, the following procedures must be completed:

- Parent/legal guardian completes the Parent/Legal Guardian Consent Form before any service is provided;
- Parent/legal guardian will call RPTS in advance and arrange for pickup/drop-off service;
- RPTS verifies & confirms parents/guardians' information & send parent/guardian a confirmation number and the RPTS driver's ID number;
- When RPTS driver arrived at the pickup/drop-off location, the minor child's Receiver/Sender must sign a pickup/drop-off Acknowledgement Form before the service is provided

B. If minor child is under a non-parental care provider, the following procedures must be followed:

- The non-parental care provider calls RPTS in advance to request minor child pickup/drop off service;
- RPTS verifies & confirms non-parental care provider's information & send parent/guardian a confirmation number and the RPTS driver's ID number;
- When RPTS driver arrived at the pickup/drop-off location, the minor child's Receiver/Sender must sign a pickup/drop-off Acknowledgement Form before the service is provided

Note: For all minor child pickup/drop-off transportation service, parent/guardian or non-parental care provider must verify RPTS' driver information and sign a pickup/drop-off **Acknowledgement Form** before the service is provided.

Medical Authorization/Consent for Medical Treatment of Minor Child

I recognize that there may be an occasion where my child, named above, may be in need of first aid or emergency medical or dental treatment as a result of an accident, illness, or other health condition or injury. Therefore, I authorize any Royals Personalized Transportation Services (RPTS) Driver, in whose care my minor child has been entrusted, to perform emergency first aid, and/or call for emergency help (911) or take my child to the nearby hospital, clinic, or dental clinic for medical or dental care. (**Note:** all RPTS drivers are certified First-Aid trained). In so doing, I the parent/legal guardian, named above on the Consent Form, agree to pay all fees and cost related to the emergency medical action (s) for my child to obtain emergency medical or dental treatment.

By signing below, I understood and agreed to the information above. I also agreed that all releases, authorization and permission granted above shall remain in effect unless in writing by me, the undersigned, to Royals Personalized Transportation Services (RPTS), 3300 County Road 10, Suite 304K, Brooklyn Center, MN 55429.

Parent/Legal Guardian Signature

_____/_____/_____
Date (mm/dd/yyyy)

Royals Personalized Transportation Services (RPTS) Office Use

Application Received/In-Take Date _____	Process Date _____
Approved __ Denied __ Incomplete __	_____
RPTS Representative Full Name & Signature	