



Permission to Transport

Name of Parent (Signature)	Date
Traine of Farent (Fredse Frint)	
Name of Parent (Please Print)	
Sincerely,	
child as needed for services and safety.	
	a recount to transporting
I authorize the staff at Great Lakes Center for Autism Treatment and	d Research to transport my
Date of birth:	_
Child Charle.	
Child's name:	