

EMERGENCY RELEASE

I, _____ hereby give my permission to

PRAIRIE HILLS TRANSPORTATION to call or obtain services of a
(transportation representative)

physician or hospital for medical or surgical care for

_____ should an emergency arise. I
(youth's name)

understand that a conscious effort will be made to locate a parent or guardian before any
action will be taken. I, also agree that participation in the Teen Court program is a
voluntary process and I will waive any liability on the part of

PRAIRIE HILLS TRANSPORTATION during the term of my child's transportation
(transportation representative)

to and from Deadwood, SD for court nights. Again I understand that all precautions will
be taken to insure my child's safety during the course of this travel.

Mother's Name & Work Phone Number : _____

Father's Name & Work Phone: _____

Home Phone Number: _____

Personal Physician _____

Hospital Preference _____

** My child is under a physician's care for the following conditions: _____

Signature of Parent

Date