TRANSPORTATION LIABILITY

I,	, parent, guardian, hereby give consent Holistic Elevation LLC	
to transport my child (ren) in a vehicle for the p	ourpose of case management services	s in the community.
I have read or had read to me all of the above ar filled in prior to my signature, and my consent	1 1	sent and all blanks have been
(Printed Name)	(Signature)	(Date)
If the person signing is under age 18, there mu.	st be consent by a parent or guardia	n, as follows: I hereby certify
that I am the parent or guardian of	, 1	named above, and do hereby
give my consent without reservation to the fore	going on behalf of this person.	
(Parent/Guardian's Printed Name)	(Parent/Guardian's Signature)	(Date)

Holistic Elevation LLC

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