



3211 Hancock Dr.  
Austin, Texas, 78731

Telephone 512-533-9313  
Fax 512-533-9317

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### Transportation Release

I, \_\_\_\_\_, give permission for \_\_\_\_\_

to drop off and/or pick up my child \_\_\_\_\_ at therapy at Children's

Therapeutics of Austin. This release will be in effect until CTOA receives written notice to terminate the release.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Name of transporter(s): \_\_\_\_\_

Driver's License number: \_\_\_\_\_ State: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Effective date: \_\_\_\_\_