

Clatsop County Animal Shelter Youth Transportation Contract

The safety of the youth participating in programs at the Clatsop County Animal Shelter is a priority for all of us here at the shelter. Please read and understand the following **measures may be taken at our discretion**, if necessary, to ensure your child is not left at our facility unattended.

I, the undersigned parent or guardian of _____, agree to pick up my child **on time and/ or no later than 15 minutes after the end time of the appointment at the Clatsop County Animal Shelter**. If I am later than this time, I understand that the Animal Shelter may contact 3 emergency numbers that I have authorized.

In extreme cases, the animal shelter reserves the right to use our discretion and contact the appropriate authorities and/or the police if we have no other option. I understand if the Clatsop County Animal Shelter has to perform these actions in order to safely remove my child from the premises, said child may lose the privilege to volunteer at the Clatsop County Animal Shelter.

Signed _____

Printed Name:

Date:

Relationship to Minor:

Emergency Contacts

1. Full Name:
Relationship:
Cell Phone:
Work Phone:
Home Phone:
Pager:

2. Full Name:
Relationship:
Cell Phone:
Work Phone:
Home Phone:
Pager:

3. Full Name:
Relationship:
Cell Phone:
Work Phone:
Home Phone:
Pager:

Emergency Transport Address:

Emergency e-mail: