

# First Capital Trolley

Post Office Box 1512

Guthrie, OK 73044

(405) 282-6000

## Parental Form

Date: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date of Permission: \_\_\_\_\_

Where can they be transported to: \_\_\_\_\_

---

---

---

---

---

---

---

---

Comments: \_\_\_\_\_

---

---

This form is to be used for children 10-17 to ride with First Capital Trolley without an escort. If child is under 10 they need to have an adult ride with them. By signing this form you authorize First Capital Trolley to provide transportation for the child listed above. An employee of First Capital Trolley must witness the parent/guardian signature. If you have any questions please contact our office at the number above. This form can be updated and changed by parent/guardian as needed.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

