



***Elkhart and St. Joseph Counties Head Start Consortium***

245 North Lombardy, Door 1 ~ South Bend, IN 46619

**Office Phone: (574) 393-5864~ Fax: (574) 283-8108**

Web site: [www.headstartesj.com](http://www.headstartesj.com)

Dr. Kathy L. Guajardo, Executive Director

*This institution is an equal opportunity provider*

**TRANSPORTATION WAIVER and HAND TO HAND CONTACT**

(DATE)

Dear Parent,

The following waiver is generated to support your need to allow the bus monitor to come to your door due to circumstances beyond your control. In an effort to fulfil the request we will need for you to sign the following waiver that will allow us to bring the child and complete the hand to hand contact at that door, and not hold our staff or school corporation liable in the event that any issue such as but not limited to animal interference, neighborhood risks or concerns that could occur that would impact the delivery of the child from bus to door.

By your signature you are indicating that you will agree to these terms.

Sincerely,

Dr. Kathy L. Guajardo

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Person to receive the child Signature (ex., Daycare provider, family member if applicable)      Date

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Parent or Guardian Signature      (child's name )      Date

**Time Frame for the waiver:**

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Beginning Date to End      Explain reason for request  
(Temporary due to illness, or short term please state reason)  
*(example: February 1<sup>st</sup>-28<sup>th</sup> due to recovering from knee surgery)*

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Until further notice *(ex: wheelchair bound, out of ratio in childcare setting)*

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**Executive Director**      **Date**