

Parental Authorization Form For Taxi Service
[Yellow Cary RDU Taxi](#)



I give permission for my child between the ages of 13 and 16 to be transported from - _____, to _____
by Yellow Cary RDU Taxi.

Child's name: _____

I hereby release and indemnify Yellow Cary RDU Taxi and its staff from any and all liability arising from claims of any kind or nature whatsoever from my child's transportation other than what's covered within the bounds of providing taxi service and Commercial Vehicle Liability.

RELEASE: If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below Yellow Cary RDU Taxi staff the authority to exercise their own judgment to transport the child to a hospital emergency room.

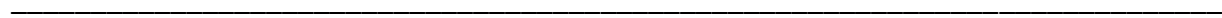
Date: _____ Parent's Signature: _____

Parent's Address _____

I can be reached on at the following phone number/s # _____

My child will be bringing along the following medications _____

Medical or emotional concerns staff needs to know _____



*Please fax this document to [919-756-1178](tel:919-756-1178) along with a **copy of Parent's Photo ID (State Issued)** and a **copy of a recent picture of child to be transported.**