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Office Locations:  
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### Permission to Transport Client

\_\_\_\_\_ I/We give Monarch Therapy Services, Inc., permission to transport my child. I understand this is voluntary and I release Monarch Therapy Services employees from all liability. I understand that all Monarch Therapy Services employees both have vehicle and professional liability insurance.

\_\_\_\_\_ I/We DO NOT give Monarch Therapy Services, Inc. permission to transport my child.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Witness

\_\_\_\_\_  
Date