

AUTHORIZATION FOR TRANSPORTATION ARRANGEMENTS FOR
PERSONS BIRTH TO 17 YEARS OF AGE

NAME OF CHILD: _____ AGE: _____

- I consent to transportation of my child to and from the Mobile Exam Center/
Field Office by members of the CDC - NCHS health survey staff.
- I consent to transportation of my child to and from the Mobile Exam Center/
Field Office in a taxi arranged and paid for by the CDC - NCHS health survey.
- I will drive.

Children birth to 15 years old must come to the Mobile Exam Center accompanied by someone
aged 18 and over. Please complete the subsequent section with this in mind. Children birth to
15 years old who arrive alone will not be examined.

- Mother will accompany.
- Father will accompany.
- Other person 18 and over will accompany _____
Specify
- Will come alone (only for children ages 16 and 17).

(Signature of Parent or Guardian) (Date)

(Witness) SP ID _____