

Teen Solutions LLC.

Temporary Custody/Transport Form

I _____ give full permission/temporary custody to Teen
(Parent or Legal Guardian)

Solutions and the agents involved to transport my teen _____ to
(Child's name)

(Name of facility)

For the duration of this transport I am giving temporary custody of my child to Teen Solutions and/or agents whose signatures can be found below. I understand the risks involved with a transport and do not hold Teen Solutions and/or the agents involved, liable for the actions of my child.

By signing below I have read through this agreement and by my own choice I Allow Teen Solutions and/or agents involved to transport my child, knowing the risks involved.

Parent/Guardian

Date

Primary Agent

Date

Secondary Agent

Date

Teen Solutions does not own or operate any of the programs we recommend, therefore the actions of the agents does not reflect the Treatment Center in which the above teen is enrolling. Each agent is hired out independently and has the credentials to do the transport with your teens safety at all times. By signing above the parent understands that payment is due before/or at time of transport and is not refundable. If agents get to your home and you refuse to have your teen transported payment is still due and not refundable. Once agents are in the air the transport is live and payment can not be refunded in anyway. By signing above we agree to these terms and allow teen solutions and/or agents involved to transport our teen.

Teen Solutions llc.

Parent Pre-Transport Guide

Dear Parent(s):

This guide has been designed to assist you in preparing for the transport of your child. We at Teen Solutions llc understand the sensitive nature of this procedure. We feel it is important to offer you the necessary support and guidance needed during this emotional transition. The information required below will assist our Agents in taking the various steps to create a safe environment for transporting your child.

The following is the pre-transport procedures that Teen Solutions offers. Please read this form thoroughly and be prepared to ask any questions that you may have. We provide the following to the parent(s):

1. Continuous communication throughout the application and agreement form process with Teen Solutions office.
2. Introductory phone call from our Lead Agent assigned to your son/daughter's transport 24 hours prior to arrival at your residence.
3. Phone call from Agents after they have located your residence to inform you of their estimated time of arrival so that you can be ready to meet them outside your residence.
4. Personal time set aside for you and the agents to meet and discuss the necessary procedures and any concerns you may have.
5. Update call from the agents, informing you of your child's status upon arrival at airport and arrival destination.

Upon Arrival of the Agents, it is necessary that you can provide the following information to them in a designated area away from your son/daughter's bedroom.

1. Current photo of your child, Drivers license or State ID card, School Card, or Passport.
2. All Forms for Teen Solutions Transport are filled out correctly. Any School forms and checks.
3. Information regarding your child's activities over the last 24 hours.
4. Information regarding potential weapons available to your child upon entering his/her room (i.e. pocket knife, baseball bat, firearms, or any other potentially dangerous objects).
5. Does your child have any knowledge of leaving today?
6. Does your child have any alternative or favorite routes out of the house?
7. Is there anything in your child's room that we need to take with us?
8. Letter from you that you wish to have Our Agents present to your child during transport (optional).
9. Any other information that you deem necessary at this time.

After your conversation with the agents, you will be asked to awaken and introduce your child to the agents in his/her bedroom. During this conversation please inform your child that the agents are taking your child to a new school and the agents will explain the school to them during transport. Your child is now under the care of the Agents and they will handle it from there. Following this introduction it is important that you say your goodbyes briefly and then leave that part of the house.

Please do not return to the general areas of the house until the rental car has left the house. **It is important that these guidelines are followed closely to enable the transition to be safe and successful for both you and your child.**

Please do not call the Agents after they have left the house. If you have any questions after the agents have left the house, call the main office at 866-698-3362 and our office manager will handle your call. The office will contact the agents as needed and return the information to you.

Teen Solutions LLC.

Authorization for Temporary Guardianship of Minor

Minor Child:

Full Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Parent(s) Legal Guardian(s):

Parent #1:

Name: _____

Address: _____

Home Phone: _____ Work: _____

Email: _____

Additional Contact

Information: _____

Parent #2

Name: _____

Address: _____

Home Phone: _____ Work: _____

Email: _____

Additional Contact

Information: _____

Temporary Guardian(s):

Name: Teen Solutions LLC or the representatives thereof.

Address: 168 n. 100 e. suite 224., Saint George, Utah, 84770

Work Phone: (866) 698-3362 Office: (435) 628-7058

Email: teensolutions@gmail.com

Authorization and Consent of Parent(s) or Legal Guardian(s)

1. I hereby declare that I have legal custody of the above named minor child.
2. I hereby grant full permission and consent for the temporary guardian to make travel arrangements and determine what are proper behavior standards and conditions for the Minor Child, and for the Minor Child to travel with said temporary guardian.
3. I hereby grant the temporary guardian my full authorization to make all decisions related to the Minor Child's travel behavior, conduct, dietary needs, health care, rest requirements, and standards, and any other physical or psychological needs.
4. I hereby grant the temporary guardian my full permission to administer general first aid treatment for any minor injuries or illnesses experienced during the transport. If the injury or illness is life threatening or in need of emergency care, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the minor child and to issue consent for any x-ray, or other treatments needed.
5. This authorization is effective commencing on the _____ day of _____, 20____ and expiring on or about the _____ day of _____, 20_____.
6. For the duration that the temporary guardian cares for the minor child, the costs associated with the Minor Child's Maintenance, living expenses, medical, and dental expenses shall be paid by the legal guardian(s).
7. In the event that more than one legal guardian exists; the use of the singular shall incorporate the plural. In the event that more than one temporary guardian is named, the use of the singular shall incorporate the plural.

Under penalty of perjury under the laws of the state of _____, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Parent #1 Signature: _____ Date: _____

Parent #2 Signature: _____ Date: _____

Teen Solutions LLC

Specific Power of Attorney For Transport of a Minor Child

I. Acknowledgments

BE IT ACKNOWLEDGED, that I, _____, an individual, hereinafter “**Grantor**,” am the mother/father/legal guardian of _____ DOB _____, a minor, hereinafter referred to as “**Minor**”. Grantor does hereby grant limited and specific **Power of Attorney** to **Teen Solutions LLC**, a corporation, registered in the state of Utah, it’s designated employee/s, agent/s, or assignee/s, hereinafter referred to as “**Attorney-in-Fact**” located at 168 n. 100 e. suite 224, St.George, Utah, 84770, as my **Attorney-in-Fact** to effect the retention and transportation of my son/daughter with the intent that he/she be transported to the final destination known commonly as the _____ school/program, City of _____, State of _____.

II. Scope and Limit of Powers

Said **Attorney-in-Fact** shall have full power and authority to undertake and perform the following acts on **Grantor’s** behalf:

To apprehend, retain and transport **Minor** from _____ to _____ on or about day _____.

To act on behalf of **Grantor** to ensure the adequate supervision, retention, and control of **Minor** during transportation with grantor’s intent being the safe transport of Minor as indicated above. To perform such incidental acts as are reasonably required carrying out and performing these specific authorities.

III. Acceptance of Terms

The **Attorney-in-Fact**, through presentation of and/or reliance upon this document, agrees to accept this appointment subject to these terms and agrees to act and perform in said fiduciary capacity consistent with **Grantor’s** best interest as **Attorney-in-Fact**, in its discretion, deems advisable.

IV. Duration and Revocation

This **Power of Attorney** is effective upon execution of transport. This **Power of Attorney** may be revoked by Grantor at anytime, and shall automatically be revoked upon the completion of the transportation of the herein described **Minor** to the herein described destination. Any person relying on this Power of Attorney shall have full rights to accept and rely upon the authority of this Attorney-in-Fact until receipt of actual notice of revocation or termination as contain herein.

V. Execution in Counter-Parts

This **Power of Attorney** may be executed in counter-parts and transmitted via electronic means (i.e., Email or Facsimile machines). A photocopy of this document shall be deemed valid as an original.

Signed this _____ day of _____, 20 ____.

Signed: _____.

Print Signature: _____.

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____