

PARENT/GUARDIAN TRAVEL PERMISSION REQUEST

For use with non-athletic events only

Turn into the Activities Director

Turn in 24 hours prior to the event

Student's Name:		
Event/Location:		
Event Date:	Teacher/Advisor/Director:	
Home Phone:	Cell Phone:	Work Phone:

I certify that I am personally transporting the above named student, or have arranged for transportation with an adult of my choosing for this student.

This form must be signed by the parent or guardian as well as the Activities Director or designee and will serve for only the dates and contests listed.

***The parent/guardian or approved driver will need to sign the student IN or OUT at the event with the advisor/teacher prior to leaving the event.**

Parent/Guardian Signature:	Date:
The named student will be transported TO / FROM (circle one) the above event/location by myself or an approved adult of my choosing.	
COMPLETE ONLY IF USING APPROVED DRIVER OTHER THAN A PARENT/GUARDIAN	
Name of Approved Driver:	Relationship Student:
Contact Number:	
Signature of Approved Driver:	

Approved / Not Approved

Signature of Activities Director or designee