

SPANISH FORT MIDDLE SCHOOL

ACADEMIC/ATHLETIC EVENT & TRANSPORTATION PERMISSION FORM

DATE REQUESTED: _____

Your permission is required for _____ to participate in the
academic/athletic event described below, (Print student name)

Date(s): _____

Departure Time: _____ Return Time: _____

Event Location: _____

Comments:

_____ has my approval to be transported by _____,
(Print student name) (Print driver's name)

Or _____ or, _____ or, _____.
(Print driver's name) (Print driver's name) (Print driver's name)

I understand and agree that school officials, teachers and/or coaches will not be held liable for any accidents or injuries that might occur during the transportation of your child. In the event an accident occurs, teachers/coaches/drivers have my permission to seek professional medical attention for my child.

Parent Name (Please print)

Emergency Contact (Please print)

Phone Number

Phone Number

Signature

****Note: All drivers have a valid driver's license and proof of insurance on file with the school.**

