

BALDWIN COUNTY PUBLIC SCHOOLS

ACADEMIC/ATHLETIC EVENT & TRANSPORTATION PERMISSION

DATE REQUESTED : _____

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

Date(s): _____

Departure Time: _____ Return Time: _____

Event Location: _____

Comments:

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

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

or drive him/herself to the event described above.

I understand and agree that school officials, teachers and/or coaches/drivers will not be held liable for any accidents or injuries that might occur during the transportation on you 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 No.

Phone No.

Signature

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