

REQUEST FOR STUDENT TO RIDE HOME WITH ADULT OTHER THAN GUARDIAN

(Completed by Parent)

Student making request _____ Date _____

Athletic Event/Destination _____ Date _____

Please allow my student _____ to ride with _____

Adult Transporting My Student Proof of Insurance (Board Policy EEAE)

Name _____ Date of Birth _____ Age _____

Driver's License number _____

Vehicle Insurance Provider _____ Policy No. _____

Signature of Adult Transporting my Student _____ Date _____

In the event of serious injury and your family doctor cannot be contacted, and if we are unable to contact one of the other parent, does the adult transporting your student have your permission to see medical attention from the nearest physician?

____ Yes ____ No, If you answer is NO, please state the procedure you wish the parent to follow:

Signature of Parent/Guardian _____ Date _____

(Completed by Athletic Director/Principal/Superintendent)

APPROVED

NOT APPROVED

Administrative Signature / _____
Date