

**REQUEST FOR PARENT/GUARDIAN TO USE PRIVATE VEHICLE TO TRANSPORT STUDENTS HOME**

(Completed by Parent/ Guardian)

Student Making Request \_\_\_\_\_

Athletic Event \_\_\_\_\_

Destination \_\_\_\_\_

Date of Trip \_\_\_\_\_



Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

*IF YOU ARE ALLOWING YOUR STUDENT TO RIDE WITH ANOTHER STUDENT'S PARENT/GUARDIAN, PLEASE COMPLETE BELOW*

Please allow my student \_\_\_\_\_ to ride with \_\_\_\_\_

Signature of parent/guardian transporting my student \_\_\_\_\_ Date \_\_\_\_\_

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Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/ Guardian Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone number \_\_\_\_\_

Family Physician \_\_\_\_\_ Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ School Ins \_\_\_\_\_ School Time Plan \_\_\_\_\_ Tackle Football \_\_\_\_\_

In the event of serious injury, if we are unable to contact parent/guardian or emergency contact, does the person transporting your student have your permission to seek medical attention from the nearest physician?

\_\_\_\_\_ Yes \_\_\_\_\_ No (If your answer in NO, please state the procedure you with the parent/guardian to follow:

I authorize release of the health care practitioner's (family physician and/or athletic physical provider) exam findings and other pertinent medical data as it relates to the participation of my student in Eastmont School District sports activities. I understand that the physical exam documentation will be kept at their school within Eastmont School District.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

(Completed by Eastmont School District Administration)

Approved  Not Approved  Administrator Signature and Date \_\_\_\_\_