

**REQUEST FOR PARENTS TO USE PRIVATE VEHICLE TO TRANSPORT STUDENTS HOME**

**(Completed by Parent)**

Student making request \_\_\_\_\_ Date \_\_\_\_\_

Athletic Event/Destination \_\_\_\_\_ / \_\_\_\_\_

Date of Trip \_\_\_\_\_  
Month/Day/Year Day of Week

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

\_\_\_\_\_  
Date

**\*\*\*\*IF YOU ARE ALLOWING YOUR STUDENT TO RIDE WITH ANOTHER STUDENT'S PARENTS PLEASE COMPLETE BELOW\*\*\*\***

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

\_\_\_\_\_  
Signature of Parent Transporting my student

\_\_\_\_\_  
Date

.....

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Grade \_\_\_ Age \_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(Street or Box Number) (City) (State)

Emergency phone # \_\_\_\_\_ Who? \_\_\_\_\_

Family Physician \_\_\_\_\_ Policy Number \_\_\_\_\_

School Insurance: \_\_\_ School Time Plan \_\_\_ Full Time Plan \_\_\_ Tackle Football Plan (required if participating in Football)

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

\_\_\_ YES \_\_\_ NO If your answer is NO, please state the procedure you wish the parent 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 child in Eastmont School District sports activities. I understand that the physical exam documentation will be kept on file at their school for middle level athletes and in the Eastmont High School Athletic Department for high School athletes.

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

\_\_\_\_\_  
Date

(Completed by Athletic Dir./Principal/Superintendent)

APPROVED

NOT APPROVED

\_\_\_\_\_  
Administrator Signature / Date