

REQUEST AND PERMISSION FOR PRIVATE TRANSPORTATION

I (we), _____ the parent(s)/guardian(s) (circle one)
{Name of Parent(s)/Guardian(s)}
of _____ request that he/she be transported from
{Student's name}

{Name of event}
on _____.
{Specified dates or as per Event Schedule}

by parent(s)/guardian(s) Yes No and/or grandparents Yes No

***Under extenuating circumstances, with prior written approval from the school principal, the school principal may approve for a child to ride with a responsible adult other than the parents listed below.**

Please provide the following concerning those who are allowed to provide transportation for the above named student:

_____ {Name of Parent(s)/Guardian(s)}	_____ {Name of Parent(s)/Guardian(s)}
_____ (Address)	_____ (Address)
_____ (City/State/Zip)	_____ (City/State/Zip)
_____ (Phone numbers)	_____ (Phone numbers)

I (we) acknowledge and understand that the Yadkin County Board of Education does not carry or may not carry any insurance applicable to any injury arising out of the student's transportation as requested. I (we) release and waive, and further agree to indemnify, hold harmless or reimburse the Yadkin County Board of Education, the individual members, agents, employees and representatives thereof, as well as event sponsors and/or supervisors, from and against any claim which I (we), any other parent or guardian, any sibling, the student, or any other persons, firm or corporation may have or claim to have known, unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's transportation by the person(s) named above.

This request and permission form has been signed only with full understanding and consideration of and agreement with, the provision stated above.

_____ {Signature of Parent/Guardian}	_____ {Signature of Parent/Guardian}
_____ {Date}	_____ {Date}

Yadkin County Schools

EMERGENCY SPORTS MEDICINE RECORD

STUDENT NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

HOME TELEPHONE NUMBER _____

PARENT'S/GUARDIAN NAME _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

HOME TEL. NUMBER (IF DIFFERENT FROM ABOVE) _____

BUSINESS TELEPHONE NUMBER _____

CELL TELEPHONE NUMBER _____

EMERGENCY CONTACT (PERSON OTHER THAN PARENT/GUARDIAN)

_____ TELEPHONE NUMBER _____

NAME OF FAMILY DOCTOR _____ TELEPHONE NUMBER _____

HOSPITAL PREFERENCE _____

NAME OF INSURANCE _____

POLICY NUMBER _____

CURRENT MEDICATIONS (If Any) _____

MEDICATION ALLERGIES (If Any) _____

PAST ILLNESSES AND DATES: _____

PAST INJURIES AND DATES: _____

Release for Emergency Medical Treatment

In the case of injury or illness, I give permission for my son/daughter _____
to receive emergency medical treatment if necessary.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____