SHEFFIELD CITY SCHOOLS TRAVEL PERMISSION FORM (Athletic Event/Extra-Curricular Activity)

I certify that I am the (parent) (legal guardian) (custodial parent) of the student listed below, and I hereby authorize my student to travel to or from the event listed below by private transportation with either myself or with a designated driver who I have approved as a safe and responsible driver to transport my student child to or from said event. I accept full and complete responsibility for the transportation I have chosen.

This signed form must be presented to the Coach/Faculty Supervisor prior to transportation to or from the event. If you elect for your child to not attend due to the lack of school transportation, your student will not be subjected to any disciplinary measures/consequences (demerits, reduced participation, or additional physical exercises).

NAME OF STUDENT:

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EV	ENT:
DE	SIGNATED DRIVER (if applicable):
Parent Acknowledgement:	
(A)	In granting this permission, I hereby expressly waive any claim for liability against the SCS Board of Education, including its employees and representatives, as well as any parent drivers, and release them from all liability in connection with these trips.
(B)	Further, I assume full responsibility for any damage to persons or property caused by my child or ward. I further expressly agree that in the event of health problems of my child or ward or necessary disciplinary action, my child or ward will be forthwith returned home at my expense at the discretion of the Sheffield City Schools staff. I understand that I will be personally notified if such action becomes necessary.
(C)	I further consent and will be responsible for any medical or dental treatment that may be advisable at the discretion of any physician or dentist.
(D)	It is further warranted that if this CONSENT FORM is signed by one of two parents or guardians, it is with the authority of the other.
Dat	re:
Stu	dent Signature
	ent/Legal Guardian Signature