Athletic Transportation Parent Permission Form

Name of Student Athlete (Please Print):
Level and sport (i.e. junior varsity girl's track):
Name of coach:
Method of transportation:
Student's specific medical needs, if any:
Any life threatening allergies:
Emergency notification number for parent/guardian
Primary contact name/telephone number:
Secondary name/number:
Name of medical provider:
Phone number of medical provider:
AUTHORIZATION TO TREAT MINOR: In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or contact a medical facility or physician selected by the school staff or volunteer driver to secure proper treatment for my child and that I will be responsible for said expense.
Please provide a list of prescription or over-the-counter medications that my child must take:

I understand that all students attending an athletic competition will be responsible in conduct to the driver of the vehicle at all times.

I understand that students are required to go and return from the athletic competitions on the transportation provided, unless prior arrangements have been made and agreed in writing by the principal or designee.

I understand that transportation for all athletic competitions will begin and end at the school of origin, location designated by the coach, or I have made prior arrangements to pick up my child or have my child dropped off at an alternative location. I understand that I must inform the school of these arrangements in writing on or before the day of the athletic competition.

I understand that by signing and submitting this permission form that I give permission for other approved drivers over the age of 23 to drive my child to and from athletic events, and that the district is not responsible for any accident that may occur to or from an athletic event.

WAIVER CLAIM

I understand that California Education Code Section 35330(d) provides that all persons participating in a field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, illness or death occurring during or by reason of the field trip or excursion. I understand, the undersigned, the parent or legal guardian, of the above named participant, acknowledge that as a condition of my son/daughter/ward participating in

said activity, agree to indemnify and hold harmless the school, its employees and volunteers, the Mt. Diablo Unified School District, its governing board, the individual members thereof, and all other district officers, agents and employees from any liability, lawsuit, cost, expense or claim of any type whatsoever (including attorney's fees) for any harm, injury or death arising out participation in the above stated athletic activities.

TAKING CHILD HOME FROM ATHLETIC EVENTS

If your child will take district provided or organized transportation home from away athletic events you may skip this section.

In order to take your child home from an away athletic event, you either need to present the head coach of the team with a signed note stating you intend to take your child home from all away athletic events for the season, or your child needs to provide the head coach a signed note the day before an athletic event that states he/she will go home with you. Because coaches must focus on their team the day of an athletic event, no notes will be accepted the day of an athletic event. By submitting a signed note, the parent accepts legal responsibility for their child at the conclusion of the athletic event, and the district has no responsibility to insure the student athlete arrives home.

I HAVE READ AND HEREBY CERTIFY THAT THE ABOVE-LISTED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDFE, AND FURTHER AGREE TO THE TERMS AND CONDITIONS LISTED ABOVE.

Parent/guardian signature:	
-	
Parent guardian printed name:	
Date of signature:	

Student Athlete Driver's Form

Name of student (Please print clearly):
Driver's License Number:
Activity/Athletic Events the student may drive to and from:
I,
The district does not provide any form of insurance for student drivers. The parent/guardian further acknowledges the they are legally responsible for the acts and omissions of above reference student driver and maybe liable for any claim related there too.
I HAVE READ AND HERBY CERTIFY THAT THE ABOVE-LISTED INFORMATION IS CORRECT TO THE BEST OF METANOWLEDGE. I FUTHER AGREE TO THE TERMS AND CONDITIONS LISTED ON THIS PERMISSION SLIP.
Parent/guardian signature: Printed Name:
Student driver signature: Printed Name:
Date signed:
Student Passenger Form
Name of student passenger:
Name/relation to student driver:
Activity/Athletic Events the student will be a passenger in a automobile driven by a student athlete:
I,
The district does not provide any form of insurance for student drivers. The parent/guardian further acknowledges the they are legally responsible for the acts and omissions of above reference student driver and maybe liable for any clair related there too.
I HAVE READ AND HERBY CERTIFY THAT THE ABOVE-LISTED INFORMATION IS CORRECT TO THE BEST OF MEMORY REPORTS OF MEMORY AND CONDITIONS LISTED ON THIS PERMISSION SLIP.
Parent/guardian signature:
Parent/guardian name (please print):

Date signed:	