

LUTHERAN HIGH SCHOOL OF SAN ANTONIO TRANSPORTATION PERMISSION AND RELEASE FORM

BOTH SIDES of this form MUST be completed and signed.

Student Name _____	Grade _____	Birthdate _____
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With this signed agreement, the teachers, Lutheran High School of San Antonio, and any and all of its governing boards are absolved of any responsibility for the safety, welfare, health and well-care for children in their custody, subject to the teacher's clear instructions. I assume personally and exclusively all responsibility and liability for accident, injury, etc., which may occur to the above named student during the time of the activity.

TRANSPORTATION PERMISSION

Due to the many activities at LHS SA and our limited transportation capabilities, it may be necessary for parents, sponsors, coaches or teachers to transport students to and from school sponsored events including, but not limited to, class events, athletics, and field trips. This form must be completed by the parents or legal guardians of students who will be participating in Lutheran High School activities. **Check all options that apply, sign, date and return to the school office.**

Yes No

 My child holds a valid driver's license, and I hereby give my permission for him/her to drive his/her privately owned vehicle to or from an athletic practice, competition or other school sponsored event.

 I give permission for him/her to transport other students to such events.

Yes No

 I hereby give permission for my child to ride with another **parent, sponsor, teacher, or student** (mark through any that do not apply) in a privately owned vehicle to or from an athletic practice, competition or other school sponsored event.

Yes No

 I hereby give permission for my child to ride on a school-owned, or school-contracted, bus to or from an athletic practice, competition or other school sponsored event.

Parent/Guardian Signature _____ Date _____

I hold a valid driver's license, and would be willing to drive my privately owned vehicle to supply transportation to or from an athletic practice, competition or other school sponsored event. (In order to provide this service, the driver must show proof of a valid driver's license and liability insurance, and this form must be signed by the Principal.)

Name _____ Day-time Phone Number _____

Signature _____ Date _____

Driver's License Number _____ Birth Date _____

Insurance Company _____ Policy # _____

I can transport _____ students.
(number)

Principal's Signature _____ Date _____

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EMERGENCY MEDICAL RELEASE

Although, with today's many means of communication, it would be a rare occurrence that we could not reach a parent in the event of an emergency, we at LHS are concerned about your child's welfare when he or she is at school or involved in a school sponsored event. **Complete this form, sign, date & return to the school office.**

I GIVE MY PERMISSION TO TAKE MY CHILD TO THE EMERGENCY ROOM IN THE EVENT THAT NEITHER I NOR MY PHYSICIAN CAN BE REACHED, AND I AUTHORIZE TREATMENT OF MY CHILD IN MY ABSENCE IF DEEMED NECESSARY BY MEDICAL PERSONNEL.

Student _____

Physician _____ Phone # _____

Parent(s) home phone # _____

Mother's work phone # _____

Father's work phone # _____

In the event the school needs to contact a parent during the school day, the **first** person they should attempt to contact is:

Mother Father (check ONE)

at work at home (check ONE)

Parent/Guardian Signature

Date Signed

EMERGENCY CONTACT & NOTIFICATION INFORMATION

(Who should we contact in an emergency **if we can not contact the student's parents?**)

NAME _____ RELATIONSHIP TO STUDENT _____

PHONE _____

Does this person have medical power of attorney for the student? Yes No