

**ISSAQUAH SCHOOL DISTRICT
PARENT/GUARDIAN PERMISSION FORM**

Parent Voluntarily Providing Transportation During School Hours

(Use when parents must provide transportation in order for their student to participate in a school class or activity).

As a parent or guardian of a student requesting to voluntarily participate in:

Description of Activity: _____

I hereby acknowledge that I have read, understood and agreed to the following:

I hereby give my permission for _____
(Print Student's Name)

who attends _____
(School Name)

to start his/her school day at _____ School for periods: _____ and
then go to _____ School for the rest of the day. **I understand that as parent or guardian, I am responsible for transportation between** _____
(1st School/Location)

and _____ during school hours.
(2nd School/Location)

Student's address _____ City _____

Parent's Phone: Home _____ Cell _____

Student Birthdate _____

Family Physician: _____ Phone # _____

Medical conditions, medication information or allergies the district should be made aware of: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted: Name _____ Phone # _____

I acknowledge that this activity (travelling between schools) entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I agree to hold and save harmless the Issaquah School District, its School Board and Employees, and assigns for any claims, suits or damages (including but not limited to defense and indemnification) which might result from my child participating in the above-described event/activity.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the ISD district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident or injury.

Being fully informed as to these risks, I hereby consent to my child participating in this activity.

Signature of Parent/Guardian

Date

Work/Daytime Phone