BALTIMORE COUNTY PUBLIC SCHOOLS

PARENT/GUARDIAN PERMISSION FORM

Athletic Event Transportation

Student Name:	School Name:
Athletic Event:	
Date of Event:	Destination:
Name of Coach:	Sport:
Driver:	
□Parent will provide transportation	□Student
□Other:	
(Driver Contact Number)	(Alternate Number)
	incipal is required. The Board of Education of Baltimore County does ive and collision coverage for the use of a private vehicle for school-
Above Transportation Will B	Se Provided As Follows:
□Arrival at Event Location	□Departure from Event Location □Roundtrip
the Board of Education of Baltimore and collision coverage. I state that I	se(s) my private vehicle for transportation on a field trip, that e County does not cover, nor is it liable for, comprehensive have/my child has read and agree(s) to abide by the terms a Code of Conduct, and to abide by all decisions made by y.
(Signature of Parent/Guardian) (Da	(Signature of Student) (Date)
(Administrator Signature) (Date)	

IF YOUR CHILD, OR THE STUDENT FOR WHOM YOU ARE RESPONSIBLE, DOES NOT HAVE PERMANENT AND ADEQUATE HOUSING, IS TEMPORARILY STAYING IN A SHELTER, GROUP HOME, OR WITH FRIENDS/FAMILY DUE TO ECONOMIC HARDSHIP, PLEASE CONTACT THE SHOOL PRINCIPAL TO ASK FOR A WAIVER AND A COPY OF THE BROCHURE ENTITLED HOMELESS CHILDREN AND YOUTH IN BALTIMORE COUNTY PUBLIC SCHOOLS