



TRANSPORTATION AGREEMENT

Student's Name	
<input checked="" type="checkbox"/>	I grant permission for the following: (Check all that apply)
Attend any school planned and supervised field trip.	
Ride in a private car or school van to and from the destination.	
Emergency medical treatment if needed.	
A reminder notice will be sent home to the parents prior to the planned trip. If a trip has been planned that you do not want your child to participate in, please call the school office to let them know.	
Date	Signature
Insurance Information	
Insurance Company	
Subscriber's Name	
Company Name	
Group Name	
Dependent's Legal Name	