



## TRANSPORTATION AGREEMENT

|   |   |
|---|---|
| <b>Student's Name</b>   |   |
| ✓   | <b>I grant permission for the following: (Check all that apply)</b> |
|   | 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.                              |
| <p><b>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.</b></p> |   |
| <b>Date</b>   | <b>Signature</b>  |
|   |   |
| <b>Insurance Information</b>  |   |
|   |   |
| <b>Insurance Company</b>  |   |
| <b>Subscriber's Name</b>  |   |
| <b>Company Name</b>   |   |
| <b>Group Name</b>   |   |
| <b>Dependent's Legal Name</b>   |   |