

# SPANISH FORT MIDDLE SCHOOL

## ACADEMIC/ATHLETIC EVENT & TRANSPORTATION PERMISSION FORM

DATE REQUESTED: \_\_\_\_\_

Your permission is required for \_\_\_\_\_ to participate in the  
academic/athletic event described below, (Print student name)

Date(s): \_\_\_\_\_

\_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Event Location: \_\_\_\_\_

Comments:

\_\_\_\_\_ has my approval to be transported by \_\_\_\_\_,  
(Print student name) (Print driver's name)

Or \_\_\_\_\_ or, \_\_\_\_\_ or, \_\_\_\_\_.  
(Print driver's name) (Print driver's name) (Print driver's name)

I understand and agree that school officials, teachers and/or coaches will not be held liable for any accidents or injuries that might occur during the transportation of your child. In the event an accident occurs, teachers/coaches/drivers have my permission to seek professional medical attention for my child.

\_\_\_\_\_  
Parent Name (Please print)

\_\_\_\_\_  
Emergency Contact (Please print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

**\*\*Note: All drivers have a valid driver's license and proof of insurance on file with the school.**

