



ST. ANDREW'S  
EPISCOPAL ACADEMY

ATHLETIC PARTICIPATION TRANSPORTATION  
PERMISSION FORM

Dear Parent or Legal Guardian:

Your child is eligible to participate in a school-related activity requiring transportation to a location away from the school campus. This activity will take place under the guidance and supervision of one or more employees from St. Andrew's Episcopal Academy. A brief description follows:

NAME OF EVENT: Athletic Games and Practices  
DESTINATION: TCAC (Middle School) and FHSAA (High School) Practices and Games  
DATE AND TIME OF DEPARTURE: 2017-2018 School Year, Specific Dates and Times TBA  
DESIGNATED SUPERVISOR: Coaches  
DATE & TIME: TBA  
METHOD OF TRANSPORTATION: Parent Vehicles/School Bus/Coach  
COST: None

SPECIAL INSTRUCTIONS:

If your child may participate in this event, please complete, sign and return the following statement of consent and release of liability. If you are a parent that is going to be driving please make sure we have a copy of your Safeguarding Certificate as well as a current copy of your driver's license and valid insurance card. If you would like your child to ride with another parent please list their names on the back of this form. Thank you.

Please sign and return by \_\_\_\_\_

EVENT: MCAC (Middle School) and FHSAA (High School) practices and games  
Student's Name \_\_\_\_\_ '17 - '18 Grade \_\_\_\_\_

Name of Chaperone (chaperone not required) \_\_\_\_\_

I hereby consent to participation by my child in the event described above. As parent or legal guardian, I remain fully responsible for any legal matter, which may result from any actions taken by my child. In case of a medical emergency, I hereby give my permission to have my child transported to a doctor or hospital for proper medical treatment with the understanding that I will be contacted as soon as reasonably possible.

PRINTED PARENT NAME \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_ I have completed the required online course Safeguarding God's Children in order to chaperone or drive another child. (ONLY FOR CHAPERONES OR COACHES)

SAEA Verification \_\_\_\_\_ Date: \_\_\_\_\_

All chaperone drivers need to provide the front office with a copy of a valid driver's license and current automobile insurance. Please see the reverse side for more information.