

**TRANSPORTATION TO SCHOOL-SPONSORED ACTIVITIES  
PARENT/GUARDIAN CONSENT FORM**

During periods of infectious or communicable disease outbreaks, such as COVID-19, District policy allows students to opt to transport themselves to school-sponsored after school activities with parental permission. This form must be completely filled out, signed by parent/guardian, and returned to the school before any student will be allowed self-transport to any school-sponsored activities during periods of communicable or infectious disease outbreak. Any such permission shall be valid until the superintendent or designee determines that the period of infectious or communicable disease outbreak is ended, or until revoked by the student's parent/guardian, whichever occurs first.

I hereby give my permission for \_\_\_\_\_ (Name of Student) who attends \_\_\_\_\_ (Name of School) to transport himself/herself to all school-sponsored after school activities in his/her vehicle or with the following specified individuals during periods of communicable or infectious disease outbreak, such as COVID-19: \_\_\_\_\_

**Informed Consent**

1. I, the undersigned, as parent/guardian, give my consent for the student identified herein to participate in activities as a representative of his/her school.
2. I understand that my child's participation in after school activities, and decision to self-transport to such activities, is entirely voluntary and the School District assumes no responsibility or liability for the actions of my child while transporting himself/herself to any such after school activity. I, for myself and my child, agree to indemnify and hold harmless the District, its trustees, officers, employees and authorized agents from any and all claims resulting from injuries, damages, and losses sustained by either of us arising out of, or connected with, or in any way associated with my child's self-transportation to a school-sponsored after school activity.
3. BY SIGNING THIS RELEASE AND INFORMED CONSENT, WE ACKNOWLEDGE THAT WE HAVE READ THIS DOCUMENT, UNDERSTAND ITS CONTENTS, UNDERSTAND THAT WE ARE WAIVING SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian