**After School Care Provider Transportation Permission Slip**

By completing this form you are hereby authorizing the Bedford Central School District to release your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to a representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for transportation to his/her after school program at the end of the regularly scheduled school day. The Bedford Central School District will only release your child to this afterschool program with the signed consent from a legal parent/guardian below.

You acknowledge that it is your desire to have your child released to the authorized representative of the after-school program and that if your child were not released to such representative, he/she/they would be subject to the same dismissal and release conditions as all other Bedford Central School District students.

You acknowledge that the Bedford Central School District does not hire, employ the representatives of the afterschool program or have any interest, financial or otherwise in the afterschool program.

You acknowledge that the Bedford Central School District does not hire or employ the drivers of, or have any ownership or responsibility for vehicles operated by, the after-school program.

You hereby expressly waive any claims against the Bedford Central School District for any acts or omissions of the transportation company or the representative of the after-school program.

You acknowledge that once your child is released to the representative of the Afterschool program, the Bedford Central School District is no longer responsible for the safety of your child.

By signing below, you acknowledge that you accept all terms and conditions of this Transportation Permission form.

This permission may only be revoked in writing.

**After School Care Provider Transportation Permission Slip**

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission be picked-up from **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (school) by a representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (activity/program) on thefollowingdays of the week during the 2023-24 school year.

\_ Mon \_ \_ Tue \_ \_ Wed \_ \_ Thu \_ \_ Fri

Accepted and Agreed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name Student’s School/Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date