

**ISSAQUAH SCHOOL DISTRICT**  
**PARENT/GUARDIAN PERMISSION FORM**  
**Parent Voluntarily Providing Transportation During School Hours**  
 (Use when parents must provide transportation in order for their student to participate in a school class or activity).

As a parent or guardian of a student requesting to voluntarily participate in \_\_\_\_\_

I hereby acknowledge that I have read, understood, and agreed to the following:

I hereby give my permission for \_\_\_\_\_  
(Print Student's Name)

who attends: \_\_\_\_\_  
(School Name)

to start his/her school day at \_\_\_\_\_ School for periods: \_\_\_\_\_ and

then go to \_\_\_\_\_ School for the rest of the day. **I understand that as a parent or guardian, I**

**am responsible for transportation** between \_\_\_\_\_  
(1<sup>st</sup> School/Location)

and \_\_\_\_\_ during school hours.  
(2<sup>nd</sup> School/Location)

Student's address: \_\_\_\_\_ City: \_\_\_\_\_

Parent's Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Student Birthdate: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Medical conditions, medication information, or allergies the District should be made aware of:

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

I acknowledge that I have voluntarily chosen to transport my child between District school sites or facilities during school hours in order for my child to participate in a school class or activity. I understand that transporting my child entails known and unanticipated risks that could result in physical or emotional injury, paralysis or death, as well as damage to property or to third parties. I acknowledge these risks and voluntarily choose to transport my child as described above.

I understand and agree that my child will not be under the supervision, care, or custody of the Issaquah School District, its School Board, or any of its Employees or Contractors during the time in which I am transporting my child between District school sites or facilities. I further understand that transporting my child will not be considered a District or school-sponsored activity. I acknowledge that my child will be under my supervision, care, and custody and that the District, its School Board, Employees, and Contractors are not responsible for any harm or injury to my child, or any other persons or property, that may result from me transporting my child.

In the event it becomes necessary for Issaquah School District staff to obtain emergency care for my child, neither the staff member(s) nor the Issaquah School District assumes financial liability for expenses incurred because of any accident, injury, illness, and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident, injury, illness, and/or unforeseen circumstances.

**Being fully informed as to these risks, I hereby consent to the conditions described above and to transporting my child between District school sites or facilities during school hours.**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Work/Daytime Phone**