

The Salisbury School
Bus Route Agreement & Waiver Form – Ocean City/Berlin Route 2022-2023

Please complete this form by July 1, 2022 for each student planning to ride the bus.

Parent(s) Name(s): _____

Student(s) Name(s): _____

Ocean City/Berlin Selection:

- | | |
|--|---|
| <input type="radio"/> 7:15 a.m. Pick up at Marshalls | <input type="radio"/> 3:45 p.m. Drop off at Food Lion, Berlin |
| <input type="radio"/> 7:25 a.m. Pick up at Food Lion, Berlin | <input type="radio"/> 4:00 p.m. Drop off at Marshalls |

Please select the student's Route Plan:

- Round Trip - \$1,470/student
- One-Way - \$735/student
- Choose one: A.M. P.M.

Please select a billing plan per student:

- One Payment of \$1,470 (\$735 one-way) due 8/31/22
- 3 Payments of \$490 (\$245 one-way) due by 8/31/22, 10/31/22, and 1/31/23

Emergency Contact Information (additional contacts may be listed on reverse side)

Name: _____ Relationship to Student: _____
Home Phone: _____ Work Phone: _____
Mobile Phone: _____ Other: _____

I, the undersigned parent or legal guardian of the minor named above hereby give permission for my child to ride The Salisbury School bus or a bus contracted by The Salisbury School. In consideration of the above named minor being permitted to ride the bus, I agree that I will not hold The Salisbury School or its staff, agents, representatives, volunteers, or others acting on behalf of The Salisbury School responsible for any accidents, injuries, damages, or losses of any kind which may arise out of my child's participation in The Salisbury School bus program, and/or arising out of any transportation (including transportation in private vehicles) provided in connection with such events by or at the request of The Salisbury School, its staff, agents, representatives, or volunteers.

MEDICAL RELEASE FOR MINOR CHILD

I, _____, Parent or Guardian of _____, a minor child, hereby authorize any Medical or Surgical treatment, which may be necessary in an emergency, and in my absence, for the well-being of the above-mentioned minor. I agree to hold the physician or hospital treating the above mentioned minor, harmless.

Insurance Information:

Name of Company: _____

Policy #: _____

Group #: _____

The above mentioned minor has the following allergies or medical conditions:

Signed: _____

Date: _____

Printed Name: _____

