



Inter-Lakes Athletics

ALTERNATE TRANSPORTATION REQUEST FOR NON PARENT/GUARDIAN

Name of Athlete(s) _____

_____ has my permission to transport my child(ren) to/from the following event _____ on _____.

I understand that by requesting alternate transportation, I am assuming all responsibility and liability for the safe transportation of my child(ren) home from this event. *(please refer to Inter-Lakes*

School Board Policy #6152, Transporting Students)

Parent/Legal Guardian(s) Signature

Date

Athletic Director/Principal Approval: _____ Date: _____

**Decisions regarding alternate transportation to school sponsored events where transportation is provided by the school, will be made by the Principal or his/her designee and will only be made on a case by case basis. (I-L School Board Policy #6152, Transporting Students)*