

Walter C. Polson Middle School

Travel Release Request Form

The completed form MUST be returned to the school administration two (2) days before the travel date.

Student Name: _____

Field Trip/Event: _____

Field Trip/Event Date: _____

Field Trip/Event Location: _____

Polson Staff Organizer: _____

Request travel release to the Field Trip/Event: Yes _____ No _____

Request travel release from the Field Trip/Event: Yes _____ No _____

Authorized Driver: _____ Cell Phone #: _____

Reason for request: _____

By signing below, the student and parent/guardian agree to the following:

1. Students may ONLY be released to their parent/guardian and NOT to another student's parent/guardian.
2. Students, regardless of age will not be allowed to drive to or from any school trips/events, etc.
Note: considerations may be made for travel within the town of Madison, see administration.
3. The authorized driver is assuming all responsibility for the health, safety, and well-being of the above-mentioned student and releasing Madison Public Schools and the coordinating staff member(s) from all liability in connection with the alternative travel of this trip.

Student Signature: _____

Parent/Guardian Signature: _____

----- **For Office Use Only** -----

Date rec'd: _____ Approval: Yes _____ No/reason: _____

Reviewed by: _____

CC: student and/or the parent/guardian