



Patchogue-Medford School District

241 South Ocean Avenue
Patchogue, New York 11772

Transportation Office – 687-6460
Athletic Office – 687-6420

6145.3 - Schedule B

PARENTAL AUTHORIZATION FOR TRANSPORTATION OF CHILD IN PRIVATE VEHICLES

This form may only be completed by a child's parent or legal guardian. Authorization provided by any other person will not be recognized by the District.

I, _____, am the parent/legal guardian of
(Full name)
_____, a student at the _____ School
(Student's full name)
who resides at _____.

As the person in legal parental authority, I authorize the Patchogue-Medford School District to transport my child in a private vehicle operated by _____ for the
(Full name)
purpose and on the dates indicated below:

Dates: _____

Purpose: _____
(Include destinations)

I understand that by this authorization I agree to release the District and its employees and other representatives, individually, from any claim I or my child may have arising from such transportation.

Signature of Parent or Legal Guardian

(For District Use)

Action taken by principal to verify signature:

