



479 TOWNSHIP ROAD 1902
JEROMESVILLE, OHIO
44840
www.hillsdale.k12.oh.us

HILLSDALE PK-6
419-368-4364
HILLSDALE 7-12
419-368-6841
CENTRAL OFFICE
419-368-8231

Hillsdale Local School District Travel Permit, Liability Release, and Risk Acknowledgement Statement

Student Travel Consent Form

Event: _____ Date: _____

I hereby give my consent for my son/daughter, _____, to travel to and from the above extra-curricular event scheduled through the Hillsdale Local School District. I understand that Board of Education policy is to provide transportation to extra-curricular events by school bus, but in the event a school bus and/or Board-employed driver is not available, I acknowledge that I will need to provide transportation to the event for my child or permit my child to ride in private transportation as authorized by my signature below.

My student _____ has my permission to ride with _____ (parent name of private driver) to/from said extra-curricular event when I have been informed that a school bus/driver is not available. The Hillsdale Local School District Board of Education and its agents and employees cannot be held responsible for any accident, injury, or loss that might occur to my son/daughter in connection with such private transportation, and I/we hereby release the Hillsdale Local School District Board of Education, its agents and employees, and the private driver from any and all liability for any accident, injury, or loss arising out of or in connection with my student riding in the driver's private vehicle to/from an extra-curricular event. I further understand that it is my responsibility to obtain from the private driver proof of vehicle and liability insurance.

In case of emergency, please contact _____ at _____.

List any medical needs the person driving may need to know about my child:

Date

Signature of Parent or Guardian