

North Haven Athletic Department

Athletic Transportation Permission Form - TO

(To be used when TRANSPORTING your child To a sporting event)

Transportation **to** school sponsored athletic events is provided by the school and each student-athlete is expected to use the school provided transportation. However, in the event of an emergency situation that prevents the student from using school transportation, a parent(s) may provide transportation, upon accepting full responsibility and liability for transporting their child **to** the event. In that event, the parent must submit this completed form to the North Haven Athletic Department **48 hours** prior to the conflict time. The Athletic Department will then forward this information to the head coach.

Name of supervising Coach: _____

Name of Parent/Guardian: (Please Print) _____

Cell Phone _____ Home/Work Phone _____

I hereby agree to transport _____ (name of student)

to the athletic event at _____ on _____.

(location)

(date)

Transportation will be provided by _____.

(whom / mode of transportation)

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Home/Work Phone _____

Cell Phone _____

Name _____ Home/Work Phone _____

Cell Phone _____

Physician's Name _____ Phone _____

Hospital of Choice _____ Health Insurance Co. _____

Health Insurance ID# _____

EMERGENCY MEDICAL INFORMATION

Date of Birth _____ Approx. Date of Last Tetanus _____

Please list any allergies _____

Please list any medication needed at this athletic event _____

I will transport my child _____ and be responsible for administering his/her medication. YES _____ NO _____

In case of emergency, I authorize any emergency medical care deemed necessary by a physician or other licensed healthcare practitioner in the event that I cannot be reached first.

I have attached a *valid vehicular insurance card* and by signing the form have acknowledged that the vehicular driver has a valid driver's license.

I also understand that the school has provided transportation to the school sponsored athletic event and North Haven Public Schools shall not be held liable in the event of an accident.

Parent / Guardian authorization signature Date

***PLEASE remember to attach a copy of the valid vehicular insurance card*

Please bring or send this form to the North Haven Athletic Department located at North Haven High School.

Steve Blumenthal, Director of Athletics, Blumenthal.steven@northhavenschools.org

Jennifer Forbes, Athletic Department Administrative Assistant, forbes.jennifer@northhavenschools.org