

TRANSPORTATION CHILD RELEASE FORM

PRINT CHILD'S LAST NAME _____

PM BUS NUMBER _____

**NAME OF PERSONS WHOM YOUR CHILD CAN BE RELEASED TO
OTHER THEN PARENT/GUARDIAN**

PRINT CHILD'S NAME: _____

SCHOOL: _____

HOME PHONE _____ PARENT'S CELL NUMBER _____

NAME OF PERSON TO RELEASE CHILD TO:

RELATIONSHIP TO CHILD:

PARENT/GUARDIAN SIGNATURE

DATE

PLEASE RETURN TO TRANSPORTATION DEPARTMENT

*****Please be sure to complete an Alternate Form for sitters or shared parenting***
This is not used in place if an emergency medical form. This is for transportation only**