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:

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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