West Linn High School

Authorization for Transportation to Off-Campus Locations

This form authorizes transportation alternatives to and from distribution transportation is or is not provided by the district. When co to the athletic office.		
Student Name:	·····	
Activity or Event*		
Complete the following for a specific event only:		
Date of Event:		
Event Location:		
I acknowledge that by signing this form I am giving permission student to travel to and from district-sanctioned events by any approved below. I also acknowledge that the District provides insurance applicable to these transportation alternatives.	of the meth	ods I have
Transportation Alternatives		
I approve the following transportation alternatives as shown below no to all alternatives):	(please resp	ond <u>yes</u> or
	Yes	No
I give permission for my student to ride in a private vehicle driven by an adult other than myself.		
I give permission for my student to drive our private vehicle.		
I give permission for my student to drive our private vehicle and transport other students. (If yes, permission must be given by all involved parents & students).		
I give permission for my student to ride in a private vehicle driven by another student or parent.		
I plan to transport other students, as well as my own, in our private vehicle. (If yes, permission must be given by all involved parents & students).		
Parent or Guardian Signature:	Date:	
Emergency Contact Telephone Number:		

^{*} An activity (such as soccer) may include multiple events (such as practices at a city field). An event occurs only one time such as a contest held at an off-campus facility.