

POTTERVILLE PUBLIC SCHOOLS

PARENTAL CONSENT FOR TRANSPORTATION BY PRIVATE VEHICLE

I have reviewed the following information and consent to my child being transported by private vehicle for this purpose.

Athlete's Name: _____ **Sport/Level:** _____

Purpose of the Trip(s):

Date(s) of the Trip(s):

Time of Departure: _____ **Time of Return to School:** _____

Owner of Vehicle:

Driver of Vehicle:

The School verifies that the driver has a valid operator's license and a safety belt will be available for your child.

Parent Signature

Date