

PARENT PERMISSION FORM

East Syracuse Minoa CSD

**Parent/Guardian Permission
Covering Alternate Transportation
For Student/Athlete**

(Extenuating Circumstances ONLY)

I _____, give my son/daughter _____
(Parent/Guardian) (Athlete Name)

permission to ride home with _____, from the _____
(Parent) (Date)

(Athletic Function)

(Parent Signature) (Date)

(Student/Athlete Signature) (Date)

I will accept responsibility for transporting _____ home from
(Student/Athlete)
the above mentioned athletic function.

(Parent) (Date)

(Coach) (Date)