

**WABASHA-KELLOGG HIGH SCHOOL  
CONTEST TRAVEL RELEASE FORM  
2023-2024 School Year**

***New this year: Only one Travel Release-Emergency Notification information sheet needs to be filled out for each participant so please list all activities and all authorized drivers. If you need to add or delete drivers please contact Lisa in the HS Office.***

Date \_\_\_\_\_ Activities (Please list all) \_\_\_\_\_  
Grade \_\_\_\_\_

This is to certify \_\_\_\_\_ has my permission to ride with  
(Student's name)

the following persons (**NOT students**) from Wabasha-Kellogg School District away activities:

**PLEASE USE INK TO FILL OUT FORM, NOT PENCIL**

**PRINT NAMES NEATLY OF AUTHORIZED DRIVERS HERE**

- PARENT 1 \_\_\_\_\_
- PARENT 2 \_\_\_\_\_
- OTHER \_\_\_\_\_
- OTHER \_\_\_\_\_
- OTHER \_\_\_\_\_
- OTHER \_\_\_\_\_

**\*\*\*\*Authorized drivers CANNOT be current students\*\*\*\***

I authorize the people listed above to transport my son/daughter from any Wabasha-Kellogg away event. Drivers may be asked to show identification if unknown by the coach. Refusal to show proper identification will result in the student having to ride home on the bus. By signing this document I agree to release Wabasha-Kellogg School District and its employees and officers from all liability with reference to the above transportation statement.

Additional drivers may be added once a signed letter by the custodial parent/guardian is given to the Athletic Director. Those listed above DO NOT need to fill out a release form for each event. However, the student, along with the person authorized to transport, must BOTH sign an "ok to transport" log carried by the coach before the student can be released. Again, if the coach/director is unfamiliar with the parent/custodian proper identification must be shown prior to the student being released. I understand once the student and authorized driver have signed off the coach is, at this point, relieved of all responsibility of the student.

Print parent/guardian name \_\_\_\_\_

Signature of custodial parent/guardian \_\_\_\_\_

**\*\* Please direct all questions to the Activities Supervisor at (651) 565-3559 x 259 \*\***

**OVER** \_\_\_\_\_

# 2023-2024 SCHOOL YEAR

## ATHLETIC EMERGENCY NOTIFICATION INFORMATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT/GUARDIAN (1) \_\_\_\_\_

PARENT/GUARDIAN (2) \_\_\_\_\_

MOM PHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (E-mail) \_\_\_\_\_

DAD PHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (E-mail) \_\_\_\_\_

FAMILY PHYSICIAN OR CLINIC \_\_\_\_\_

PHONE \_\_\_\_\_

SPECIAL MEDICATIONS/ALLERGIES \_\_\_\_\_

SPORTS /  
ACTIVITIES \_\_\_\_\_

Recognizing that participation in an athletic activity may require emergency medical treatment, and school personnel may be unable to reach me, I do hereby consent in advance to such emergency care, including hospitalization, as may be needed under the circumstances.

DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_