

**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 _____