

**WABASHA-KELLOGG HIGH SCHOOL
CONTEST TRAVEL RELEASE FORM
2024-2025 School Year**

Only one Travel Release / Emergency Notification information sheet needs to be filled out for each student. Please list all activities and all authorized drivers for the year. If you need to add or delete drivers please contact Angie in the HS Office.

Date _____ Student Name _____ Grade _____

Activities (list all) _____

This form certifies that my student has permission to ride with the following persons (**NOT students**) from Wabasha-Kellogg School District away activities:

PLEASE USE INK TO FILL OUT THIS FORM, NOT PENCIL

PRINT NAMES NEATLY OF AUTHORIZED DRIVERS HERE

PARENT 1 _____	PARENT 2 _____
OTHER _____	OTHER _____
OTHER _____	OTHER _____
OTHER _____	OTHER _____
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 by the custodial parent/guardian contacting the high school office. 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 driver, 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 _____ →

2024-2025 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