Dear Larson Parents,

With the exception of football and track, students will be receiving **DROP-OFF** transportation **only** for all athletic contests. Students are to be picked up at the game site immediately after the completion of the contest.

Athletes can only leave with a family member. We will not permit athletes to ride home with anyone else unless their name appears on this form. Again this is for the protection of the athlete. The attached form can be filled out once for the entire athletic season for your sport. This will provide Larson Middle School with permission to release your child to the care of another adult. This helps with car-pooling.

My son/daughter has my permission to ride home with the following adults from all away athletic events for the current sport's season:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Emergency Information

Student Name: _____ Birth Date: _____
Address: _____ Phone: _____

Mother's Name: _____ Work/cell phone _____

Father's Name: _____ Work/cell phone _____
Family Doctor: _____ Address: _____ Phone _____
Family Dentist: _____ Address: _____ Phone _____
Hospital Preference: _____
History of Chronic Illness, allergies, etc. _____
_____

Currently on medication/type: _____

In case of an illness or injury involving my son/daughter that is not necessarily an emergency and a parent cannot be reached at the phone number(s) shown above, we authorize the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for my child's comfort and well being.

_____

Parent /Legal Guardian Witness Date