

**PARENT/GUARDIAN AUTHORIZATION
FOR STUDENT TO BE TRANSPORTED
BY A PREVIOUSLY AUTHORIZED PRIVATE DRIVER**

PLEASE PRINT

I, _____, the undersigned am a parent or legal guardian having custody of _____, a minor student. I hereby give permission for said son, daughter, or ward to be transported by _____, a previously authorized private driver.

I understand that the Foresthill Union School District does not purchase, or have, medical/dental/hospitalization insurance to cover injuries or loss of life of pupil(s), or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.

I further understand that Education Code §35330 provides, in part, as follows, “all persons making the field trip or excursion shall be deemed to have waived all claims against the District and/or State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursions.”

Parent/Guardian Signature

Date

Printed Parent/Guardian Name

Telephone No.

Address

For District Office Use Only:

Previously Authorized Private Driver? Yes No

Approved/Verified by: _____
District Office Personnel

Date