

Student Name: _____

HERNANDO COUNTY SCHOOL DISTRICT

919 North Broad Street
Brooksville, FL 34601

CONSENT FOR PRIVATE TRANSPORT

Directions: Please fill out the appropriate release below to authorize your child to either drive himself/herself, ride with another person, or transport another person to off-campus practice or competition. Students agree to and will, at all times, be placed in a designated seating position with appropriate safety restraints (seat belts) engaged. This form must be signed in the presence of a Notary and approved by the Principal.

PERMISSION TO DRIVE:

I give permission for my child to drive him/herself to _____ at _____.

(Activity)

(Site)

I understand that school supervision will not be provided until he/she arrives at _____.

(Site)

Attached herein is a copy of my child's license and automobile insurance information.

Parent/Guardian

Date

PERMISSION TO RIDE WITH ANOTHER:

I give permission for my child to ride with _____ to _____ at _____.

(Driver)

(Activity)

(Site)

I understand that school supervision will not be provided until he/she arrives at _____.

Attached herein is a copy _____ license and automobile insurance information.

(Driver)

Parent/Guardian

Date

PERMISSION TO RIDE WITH ANOTHER:

I give permission for my child to drive _____ to _____ at _____.

(Passenger)

(Activity)

(Site)

I understand that school supervision will not be provided until he/she arrives at _____.

Attached herein is a copy of _____ license and automobile insurance information.

(Driver)

Parent/Guardian

Date

STATE OF FLORIDA
COUNTY OF _____

The forgoing instrument was acknowledged before me this _____ day of _____, 20____, by _____

Notary Public - State of Florida

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Approved

Not Approved

Principal Signature / Date

Principal Signature / Date