

## ATHLETIC TRIP PERMISSION FORM



### Our Lady of Fatima and the Catholic Schools Office Archdiocese of Galveston-Houston

**Athletic Sport** for Private Vehicular Transportation: \_\_\_\_\_  
*Destinations will vary due to games and events being played at other schools and venues.*

If the method of transportation to the athletic events is to be another parent, this form must be completed in entirety, as directed by the Catholic Schools Risk Management Offices.

• Method of Transportation for: \_\_\_\_\_  
*Name of Child to be Transported*

• Personal Vehicle Driven by: \_\_\_\_\_  
*Name of Driver*

• Driver's License Number and State: \_\_\_\_\_

• Name of Insurance Carrier for Vehicle: \_\_\_\_\_  
*Copy of proof of insurance MUST be attached to form*

I/We, the parent(s) of \_\_\_\_\_ (*name of child[ren]*) request that he/she be allowed to ride in a car driven by a volunteer parent and we give permission for this to occur during the current \_\_\_\_\_ (*sport*) season. I understand that our school does not have insurance to cover volunteers who choose to transport students, and I further understand that the parent drivers' insurances will be the primary insurance in case an accident occurs. I/We release and save harmless the school and any and all of its employees from any and all harm arising to my/our son/daughter as a result of this trip, and waive any claims against them. Additionally, I understand my child(ren) must wear a safety/seat belt regardless of age when they are seated in a vehicle. By providing the information and signing below, I agree to allow my child(ren) to be transported by the volunteer and I agree with these conditions.

#### Emergency Information:

\_\_\_\_\_  
*Parent/Guardian Name (print)                      Contact Number                      Medical Insurance Carrier*

\_\_\_\_\_  
*Dr./Physician Name                      Contact Number                      Medical Policy #*

\_\_\_\_\_  
*Signature of Parent/Guardian                      Date*

**ATHLETIC TRIP PERMISSION FORM (continued)**



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Archdiocese of Galveston-Houston**

**DESIGNATION OF ADDITIONAL PARENT/VOLUNTEER DRIVERS FOR ATHLETICS**

If the method of transportation to the athletic events is to be another parent, this form must be completed in entirety, as directed by the Catholic Schools Risk Management Offices.

• Method of Transportation for: \_\_\_\_\_  
*Name of Child to be Transported*

• Personal Vehicle Driven by: \_\_\_\_\_  
*Name of Driver*

• Driver's License Number and State: \_\_\_\_\_

• Name of Insurance Carrier for Vehicle: \_\_\_\_\_  
**Copy of proof of insurance MUST be attached to form.**

• Method of Transportation for: \_\_\_\_\_  
*Name of Child to be Transported*

• Personal Vehicle Driven by: \_\_\_\_\_  
*Name of Driver*

• Driver's License Number and State: \_\_\_\_\_

• Name of Insurance Carrier for Vehicle: \_\_\_\_\_  
**Copy of proof of insurance MUST be attached to form.**

• Method of Transportation for: \_\_\_\_\_  
*Name of Child to be Transported*

• Personal Vehicle Driven by: \_\_\_\_\_  
*Name of Driver*

• Driver's License Number and State: \_\_\_\_\_

• Name of Insurance Carrier for Vehicle: \_\_\_\_\_  
**Copy of proof of insurance MUST be attached to form.**