

HANNA E.C. HIGH SCHOOL
ALTERNATIVE TRANSPORTATION FORM
FOR EMERGENCIES ONLY

STUDENT'S NAME _____ ID # _____

SPORT / ACTIVITY _____ WHERE _____

COACH'S / TEACHER'S NAME _____

COACH'S / TEACHER'S SIGNATURE _____

TO BE COMPLETED BY THE PARENT/GUARDIAN OF THE STUDENT:

MY CHILD CANNOT TRAVEL WITH THE TEAM BEFORE _____ OR AFTER _____ THE GAME/ACTIVITY ON
(DATE) _____ FOR THE FOLLOWING EMERGENCY:

I AM AUTHORIZING _____, WHO IS AN ADULT AND A
LICENSED DRIVER TO TRANSPORT MY CHILD TO OR FROM HIS/HER GAME/ACTIVITY.

PARENT'S/GUARDIAN'S NAME

PARENT'S/GUARDIAN'S SIGNATURE

PARENT'S CELL PHONE NUMBER

DATE

TO BE COMPLETED BY THE PERSON TRANSPORTING THE STUDENT:

NAME OF PERSON TRANSPORTING STUDENT

SIGNATURE OF PERSON TRANSPORTING STUDENT

DRIVER'S CELL PHONE NUMBER

DATE

____ APPROVED ____ DENIED

PRINCIPAL'S SIGNATURE

DATE