

When it is not possible to send a hard copy to school with your child this form must be emailed to your child's teacher, Mrs. Snyder, [kgsnyder@auburnschools.org](mailto:kgsnyder@auburnschools.org), Mr. Anderson, [ldanderson@auburnschools.org](mailto:ldanderson@auburnschools.org), and Mrs. Hamiter, [chamiter@auburnschools.org](mailto:chamiter@auburnschools.org) **BEFORE** 12:30 pm.

FOR TEACHER USE:

# Cary Woods Elementary

Transportation Department  
Parent or Guardian Consent Form



I hereby give my permission for my child, \_\_\_\_\_  
(student's name)  
in \_\_\_\_\_'s class to travel by **(mark one)**:  
(teacher)

Auburn City School Bus # \_\_\_\_\_ **FROM** Cary Woods Elementary to \_\_\_\_\_  
(street address) with bus drivers from Auburn City Schools.

Daycare Van \_\_\_\_\_  
(Name of Daycare)

Car Rider \_\_\_\_\_  
(Name of person picking up)

Walker \_\_\_\_\_ North to N. Cary Drive \_\_\_\_\_ South to Norwood Drive

Permission is given from \_\_\_\_\_ through \_\_\_\_\_.  
(mm/dd/yy) (mm/dd/yy)

**Before this change my child went home by:**

Bus # \_\_\_\_\_

Daycare Van \_\_\_\_\_ (name)

Walker \_\_\_\_\_ North \_\_\_\_\_ South

Car \_\_\_\_\_

After School Program \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature  
**REQUIRED**

\_\_\_\_\_  
Parent/Guardian daytime phone number  
**REQUIRED**

In granting permission, I expressly waive my claim for liability against Auburn City Schools, the Board of Education, including its employees and representatives and release them from liability in connection with this trip. Further, I assume full responsibility for any damage to persons and/or property caused by my student. I further expressly agree that in the event disciplinary action may be necessary, my child may be returned home at my expense.

Further, in case of emergency or injury to my student, I hereby authorize the school to act in the best interest of my student. I further consent and will be responsible for any medical and/or dental treatment that may be advisable at the discretion of any physician or dentist. I understand that I will be personally notified if it becomes for my student to be returned home and/or require health treatment.

It is further warranted that if this Trip Permission Form is signed by one of two parent/guardians, it is with the authority of the other.

**THIS FORM WILL BE USED FOR ALL CHANGES IN TRANSPORTATION. PERMISSION WILL NOT BE GRANTED BY ANY OTHER MEANS THAN A SIGNATURE ON THIS FORM.**