

EL DORADO UNION HIGH SCHOOL DISTRICT

Parent Permission for Minor Sibling to Transport Student

(Date of Request)

MINOR SIBLING-S NAME/DRIVER (Please print)	HIGH SCHOOL
STUDENT NAME (Please print)	HIGH SCHOOL

I, AS THE PARENT / GUARDIAN, hereby request the school to allow my minor son/daughter to transport his/her sibling when transportation is NOT provided by the District and when a coach/school staff member is NOT arranging transportation to an activity/event occurring within the El Dorado Union High School District or within 10 miles of District boundaries.

(Check one or both that apply) TO FROM

ACTIVITY / EVENT	DATE(S) OF ACTIVITY
MINOR SIBLING-S NAME/DRIVER (Signature)	

I understand that I, AS THE PARENT / GUARDIAN of the above named minor driver, accept full responsibility for him/her to drive his/her sibling TO or FROM the event/activity described above. I also understand that by signing this form, I release the El Dorado Union High School District and its Board of Trustees, Administration, and all El Dorado Union High School District staff from any and all claims in the event of accident, injury, or death of the student named above. I further acknowledge that the student named above is properly licensed and insured to operate a motor vehicle in the state of California.

X _____
Parent / Guardian Signature

X _____
Principal or Designee

Date

Date

**STUDENT MUST PROVIDE THIS COMPLETED DOCUMENT TO THE AUTHORIZED SPONSOR OF THE
EVENT/ACTIVITY AT LEAST ONE DAY PRIOR TO THE DATE OF THE EVENT/ACTIVITY.**