



EDWIN O. SMITH HIGH SCHOOL

1235 Storrs Road -- Storrs, CT 06268
(860) 487-0877 -- Fax (860) 429-7892

TRANSPORTATION WAIVER FORM

Parent Request to Transport

I am requesting to provide my own transportation for my child _____
to/from a school sponsored athletic event to my home or another location on _____
to/from _____.

Student Name

Date

Location of Athletic Event

Request for another Adult to Transport

I am requesting that my child _____ be allowed to be transported by
_____ from a school sponsored athletic event to my home or another
location on _____ from _____.

Student Name

Name of Transporting Adult

Date

Location of Athletic Event

In providing alternate transportation or for allowing another adult to transport my child, I relieve E.O. Smith High School of any liability for his/her safety while he/she is traveling to/from the event. In seeking this request, I am filing this form with the coach of the appropriate sport as required by E.O. Smith High School.

Signature: _____
Parent/Guardian

Date: _____

