

IRVINGTON U.F.S.D.

TRANSPORTATION RELEASE FORM

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This form must be properly completed, signed and returned to the District's coach or supervising employee prior to or at the extracurricular activity in order to obtain the release of a child from the transportation provided back from the site by the District. A new form must be completed each time the release of a child is sought from the return transportation provided by the District.

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I, \_\_\_\_\_, request that the District release my child, \_\_\_\_\_, into  
*Name of Parent/Legal Guardian* *Name of Student*

(my custody / the custody of a third party) at the conclusion of the extracurricular activity listed below.  
*Choose Only One Option*

My child does not need return transportation from the District. The applicable information is as follows:

Extracurricular Activity:

\_\_\_\_\_  
*Identify Athletic Competition, Field Trip or Other Event*

\_\_\_\_\_  
*Location of Activity*

\_\_\_\_\_  
*Date of Activity*

Third Party Information:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship to Child*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone Number*

I assume full responsibility for bringing my child home or authorizing his or her transportation back from the site of the extracurricular activity with the above third party. I understand that under no circumstances will the District release my child to anyone other than the person named on this form.

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

\_\_\_\_\_  
*Print Name of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*