

**ALL SAINTS EPISCOPAL SCHOOL**  
**2011-2012 TRANSPORTATION CONSENT AND RELEASE OF CLAIMS (Grades 7-12)**

**STUDENT INFORMATION**

*Student's Name:* \_\_\_\_\_

*Preferred Name:* \_\_\_\_\_

*Parent Name(s):* \_\_\_\_\_

*Home Telephone:* \_\_\_\_\_

*Home Address:* \_\_\_\_\_ *City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Dad's Mobile:* \_\_\_\_\_

*Dad's Business:* \_\_\_\_\_

*Mom's Mobile:* \_\_\_\_\_

*Mom's Business:* \_\_\_\_\_

WHEREAS my child attends All Saints Episcopal School (hereinafter "School"); and

WHEREAS from time-to-time my child will attend School activities requiring transportation off-campus; and

WHEREAS from time-to-time official School vehicles will not be available to transport my child to/from off-campus School activities,

NOW, THEREFORE, the above premises considered, I, the undersigned parent and/or guardian of the child named above, give my consent for my child to be transported to/from off-campus School activities by a parent or legal guardian of a School student.

FURTHER, my child listed above has my permission to go on duly authorized field trips or excursions in connection with the School program. All Saints has my permission to transport my child on these authorized field trips or excursions in the manner listed above. In the event that I cannot be reached to make arrangements for emergency medical care, I hereby authorize All Saints Episcopal School or a representative thereof to give consent for any necessary emergency medical care for my child when the child is in the School's care, custody, and control.

In addition, I also hereby release the School, its administrators, teachers, coaches, staff, officers, and Board members from any damages, medical expenses, or liability of any kind related to any personal injuries or property damage experienced by my child arising from my child's transportation by a parent or legal guardian of a School student to/from any off-campus School activity.

A copy of this authorization will be as binding as the original. This permission is valid for the entire 2011-2012 school year.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date Executed

**RETURN THIS FORM DIRECTLY TO:**

All Saints Episcopal School  
Attn: Business Office  
2695 SSW Loop 323  
Tyler, Texas 75701  
(903) 579-6000  
(903) 579-6002 (FAX)  
web site: <http://www.all-saints.org>

*All Saints Episcopal School does not discriminate on the basis of race, color, creed, national or ethnic origin in the administration of its admission and education policies, tuition assistance programs, athletic programs, and/or any other school administered activities.*