



OUR LADY OF FATIMA CATHOLIC SCHOOL

Challenging Minds. Inspiring Hearts.

ATHLETIC TRIP PERMISSION FORM
Our Lady of Fatima and the Catholic Schools Office
Archdiocese of Galveston-Houston

Athletic Sport for Private Vehicular Transportation: _____
Destinations will vary due to games and events being played at other schools and venues.

If the method of transportation to the athletic events is to be another parent, this form must be completed in entirety, as directed by the Catholic Schools Risk Management Offices.

• Method of Transportation for: _____
Name of Child to be Transported

• Personal Vehicle Driven by: _____
Name of Driver

• Driver's License Number and State: _____

• Name of Insurance Carrier for Vehicle: _____
Copy of proof of insurance MUST be attached to form

I/We, the parent(s) of _____ (*name of child[ren]*) request that he/she be allowed to ride in a car driven by a volunteer parent and we give permission for this to occur during the current _____ (*sport*) season. I understand that our school does not have insurance to cover volunteers who choose to transport students, and I further understand that the parent drivers' insurances will be the primary insurance in case an accident occurs. I/We release and save harmless the school and any and all of its employees from any and all harm arising to my/our son/daughter as a result of this trip, and waive any claims against them. Additionally, I understand my child(ren) must wear a safety/seat belt regardless of age when they are seated in a vehicle. By providing the information and signing below, I agree to allow my child(ren) to be transported by the volunteer and I agree with these conditions.

Emergency Information:

Parent/Guardian Name (print) *Contact Number* *Medical Insurance Carrier*

Dr./Physician Name *Contact Number* *Medical Policy #*

Signature of Parent/Guardian *Date*

SUBMIT THIS COMPLETED FORM (1 of 2) TO THE FRONT OFFICE



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ATHLETIC TRIP PERMISSION FORM (*continued*)
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DESIGNATION OF ADDITIONAL PARENT/VOLUNTEER DRIVERS FOR ATHLETICS

If the method of transportation to the athletic events is to be another parent, this form must be completed in entirety, as directed by the Catholic Schools Risk Management Offices.

• Method of Transportation for: _____
Name of Child to be Transported

• Personal Vehicle Driven by: _____
Name of Driver

• Driver's License Number and State: _____

• Name of Insurance Carrier for Vehicle: _____
Copy of proof of insurance MUST be attached to form.

• Method of Transportation for: _____
Name of Child to be Transported

• Personal Vehicle Driven by: _____
Name of Driver

• Driver's License Number and State: _____

• Name of Insurance Carrier for Vehicle: _____
Copy of proof of insurance MUST be attached to form.

• Method of Transportation for: _____
Name of Child to be Transported

• Personal Vehicle Driven by: _____
Name of Driver

• Driver's License Number and State: _____

• Name of Insurance Carrier for Vehicle: _____
Copy of proof of insurance MUST be attached to form.

SUBMIT THIS COMPLETED FORM (2 of 2) TO THE FRONT OFFICE