Bus Permission Form

Parent & Emergency Information

|  |  |  |  |
| --- | --- | --- | --- |
| Parents Name | Address | | |
| Postal Code | Phone | Email | |
| Emergency Contact | Phone | | Relationship |

Student Information

|  |  |  |
| --- | --- | --- |
| 1. Name | Health Card No. | Age |
| nd 2. Name | Health Card No. | Age |
| 3. Name | Health Card No. | Age |
| 4. Name | Health Card No. | Age |

I here- by grant my child(ren) permission to be transported by bus to U-Turn activities and events.

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Signature Date

www.uturnminitries.ca