

After-School Activity Bus Consent Form

Student Information

Student Name

Grade

School

Teacher

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Email

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Medical Information

Medication/Allergies/Other Information

Consent

The above-named student has permission to ride the after-school activity bus. I understand all school bus rules apply.

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I agree

Parent/Guardian Signature

Date

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