

Pulaski Community Middle School Travel Release Form

Date: _____

This is to certify that _____ has my permission to ride
(Student's Name)

home from the _____ on _____
(Activity) (Date)

With _____
(Name of person transporting your student)

I agree to release the Pulaski Community School District and its employees and officers from all liability with reference to the above stated transportation.

This form must be submitted to the PCMS Athletic Office at least 24 hours prior to the dismissal of the school day of the contest. You may email the form to kakelsey@pulaskischools.org. The Coach will be given a copy of this release.

(Signature of Parent or Guardian)

APPROVED - NOT APPROVED

(Signature of Athletic Director)

