QUEEN ANNE’S COUNTY PUBLIC SCHOOLS
TRAVEL RELEASE

This is to certify that _________________________________ has my permission to travel from _________________________________________ being performed at _____________________________________________. I certify that I, or a parent approved by me, will personally transport the above named student. The reason for not riding the bus is ___________________________________________________.

I understand that Queen Anne’s County Public Schools’ rules require that students ride the buses to and from ALL events and departure from this requirement will release the Queen Anne’s County School District from all liability for any adverse results that may occur.

I agree to release the Queen Anne’s County School District and its employees and officers from all liability with reference to the above stated transportation.

This form must be received by the director prior to boarding the bus or your child MUST travel with the student group. NO EXCEPTIONS.

____________________________________  ________________________________
Signature of parent/guardian                Date

____________________________________  ________________________________
Signature of Director                            Date

____________________________________
Printed name of approved driver (if applicable)