



**LINCOLN COUNTY SCHOOL DISTRICT**  
**Activity Transportation Release Form**

Name of Student(s): \_\_\_\_\_

Date Request Submitted: \_\_\_\_\_

School: \_\_\_\_\_

Trip Activity: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Destination of Trip: \_\_\_\_\_

I authorize the above named student(s) to be released to travel home from the away activity described above with:

Name of Driver: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Insurance Company: \_\_\_\_\_

I have instructed the party above to meet with the coach/advisor in charge of the trip personally at the site to effect the transfer of responsibility.

\_\_\_\_\_  
Signature of Parent or Guardian

The above named student(s) have been released to my charge at:

Location: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Receiving Party