



Lincoln High School

Transportation Release

Student _____ Grade _____ Parent phone number _____

Activity _____ at _____ Date _____

Lincoln High School Coach or Advisor: _____

I request my son/daughter be allowed to travel home from this event with:

Name _____ Relationship _____

I realize that should this request be approved, I release the Western Placer Unified District and all of their employees of liability.

Print Legal Guardian Name _____

Legal Guardian Signature _____

Administrator Approval _____

This form must be completed by the legal guardian and signed by the approving administrator by 12:00 p.m. the day of the event. Approval will not be completed at the event.