



**BUS SERVICE AUTHORIZATION**  
**2008/2009 SCHOOL YEAR**

I request Haywood Christian Academy to transport my child, \_\_\_\_\_, to/from Haywood Christian Academy in the school bus. I understand that there are risks involved, as there are any time anyone gets into a motorized vehicle and ventures onto public roads. I absolve the school from liability to me or my child because of injury to my child. I authorize Haywood Christian Academy to seek the services of a licensed, practicing physician should an emergency arise and a parent/guardian cannot be reached, and hereby release Haywood Christian Academy from any liability that might result from such emergency treatment.

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_

Primary pick up location: \_\_\_\_\_ Drop off: \_\_\_\_\_

*Fill out the next section only if you give permission for your child to be dropped off if you are not present:*

I also authorize Haywood Christian Academy bus drivers to drop off my child at the location specified above; whether or not I am present at the time he/she is dropped off. I assume all responsibility for my child at that location.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

*Please list contact names and numbers:*

Parent/Guardian: \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Other Contact Person: \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Other Contact Person: \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_