



Central Union High School District

PERMISSION TO RELINQUISH MY CHILD'S CUSTODY TO PARENT(S)/GUARDIAN OR ANOTHER PERSON

I, _____ as parent or guardian of _____
Parent(s) or Guardian (Student's Name)

authorize the Central Union High School District to relinquish custody and supervision of my child to

_____ Relationship to student: _____
(clearly provide name of individual) (Relationship to student)

Destination or location where student is traveling: _____
(Location where student is traveling or event is being held)

Date of Trip: _____ Purpose of Trip: _____
(State purpose or reason for trip)

I understand and accept all liability for this request. I understand that the Central Union High School District's insurance policy will not cover the private automobile that is used. I understand that district provided transportation and supervision for the activity will end when I relinquish my child's custody and control.

Date Signed

Signature(s) of Parent(s) or Guardian

Driver's License Number (Person Picking Up Student): _____
(Copy of driver's license to be submitted with form)

Vehicle License Plate Number (Vehicle that will be used) : _____

Name of Insurance Company: _____
(Copy of insurance card to be submitted with form)

Policy Number: _____

Monetary Amount of Insurance: _____ (Liability must be \$100,000 minimum) A copy of the declarations must be attached.

DISTRICT USE ONLY

Principal's Signature: _____

Date: _____ Time: _____