

Southside Christian School "Excellence Through Absolute Truth in Christian Education"

## **Permission to Transport Students**

Aftercare services are provided by Southside Christian School at the Elementary Campus at Mount Moriah. There are no aftercare services provided at the middle and high school campus. Students attending aftercare and any student not picked up by 3:20pm will be transported to the Elementary Campus at Mount Moriah. This form gives SCS permission to transport your child.

Please sign and return this form EVEN IF YOU DO NOT BELIEVE YOU WILL NEED TRANSPORTATION. In the event of a family emergency, your child will be supervised.

## My signature on this form indicates that I have read and understand the following:

I give permission to SCS to transport my child from the middle/high school campus at Amelia Church to the Elementary Campus at Mount Moriah **only** if they are not picked up by 3:20pm. I understand that I will be charged for aftercare services. If I am unable to pick up my child by 3:20pm, my child **must** be picked up at Elementary Campus at Mount Moriah. (Staff members – fees do not apply)

If I am late picking up my child prior to my submission of this form, my child cannot be transported and I will be charged a fee of \$10 per minute per occurrence. This is an effort to respect the teachers' time.

I further understand that there are risks/dangers involved with transporting students in a motor vehicle and assume responsibility for those ordinary and reasonable risks associated with traveling in a motor vehicle. I agree to hold harmless Southside Christian School, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I request that the school contact me. If the school cannot reach me after conscientious effort, I give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I give permission for school staff to immediately call paramedics and then contact me as soon as possible thereafter.

I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation.

Student Name

Parent Name (Print)

Parent Signature/Date