Parent Permission Slip

For:	
(Student Name)	
Iabove named student. I give my permis or by Darby Consolidated School Distri	certify that I am the parent or legal guardian of the ssion for the above named student to be transported on ict to:
	on .
(location)	(date)
for the purpose of:	·
(a	activity or event)
employees, and agents from liability in referenced student unless same arises	School District, it's administrators, personnel, staff, the event of mishap, injury or the death of the above from the willful or intentional misconduct, or the t, it's administrators, personnel, staff, employees, or
(date)	(parent/guardian signature)