



Student Transport Authorization

WILLIAM V. HUSFELT, III
SUPERINTENDENT

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32401

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Board Members:

Jerry Register
District 1

Ginger Littleton
District 2

Joe Wayne Walker
District 3

Ryan Neves
District 4

Steve Moss
District 5

Student Name: _____

Agency Name: _____
(hereinafter the "Agency")

Dates of Authorization: from _____ until _____

I hereby authorize the Agency indicated above to transport my child as a passenger in a private automobile driven by authorized Agency personnel in connection with services rendered by the Agency. I understand and acknowledge that The School Board of Bay County, Florida will have no financial or legal responsibility for injuries arising out of such travel. I also understand that the School Board has no responsibility for determining whether the private transportation provider is insured.

By signing this form, I hereby release the School Board, as well as its directors, officers, administrators, employees, and other agents from all liability for any and all injuries arising from my child's travel via private transportation in connection with services rendered by the Agency. I further agree to indemnify and hold harmless the School Board, as well as its directors, officers, administrators, employees, and other agents, against any claims asserted by my child as a result of his or her travel via private transportation in connection with services rendered by the Agency.

Parent or Guardian Signature

Date

Parent or Guardian Printed Name