

**Administrative Guidelines  
Parent/Guardian Consent For Transportation By Private Vehicle  
Wrightstown Community School District**

I understand that \_\_\_\_\_ will be providing transportation  
Staff Member's Name

for my child \_\_\_\_\_  
Child's Name

from: \_\_\_\_\_ to: \_\_\_\_\_  
Origin Destination

for the purpose of \_\_\_\_\_ on \_\_\_\_\_  
Activity Date

I have reviewed the following information and consent to my child being transported by a privately-owned vehicle for this purpose. I understand that the Wrightstown School District shall assume no liability for injuries which may result from the above transportation.

This transportation is in compliance with policy and a copy of the policy and procedure are available upon request.

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date