

PERMISSION SLIP – Bright Horizon Academy Bus Transportation

Complete one for EACH child.

For: Student Name: _____

Grade: _____

Service:	Bus transportation for Bright Horizon Academy students to and from three locations.
Pick-Up/Drop-Off Locations:	Muslim Community Center: 14698 Via Fiesta, San Diego, CA 92127 Bright Horizon Academy, K – 5: 7050 Eckstrom Ave., San Diego, CA 92111 Bright Horizon Academy, 6 – 9: 7202 Princess View Dr., San Diego, CA 92120
Duration:	September, 2018 through June, 2019

Medical information—all blanks MUST be filled in:

Specific medical needs, if any: _____ Insurance Provider: _____

Doctor's name: _____ Telephone number: _____

Parent name: _____ Emergency phone#: _____

Alternate emergency contact: _____ Telephone #: _____

AUTHORIZATION TO TREAT MINOR: In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or to contact a medical facility or physician selected by the school staff to secure proper treatment for my child and that I will be responsible for said expense. **Prescription or over-the-counter medication:** *I certify that I have on file in the school office, a current form stating all medications that my child must take.*

I HAVE READ AND HEREBY CERTIFY THAT THE ABOVE-LISTED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO THE TERMS AND CONDITIONS LISTED BELOW.

- I understand that I have signed up my child/ward to ride on the Bright Horizon Academy school bus.
- I understand that this permission is a voluntary activity. Attendance by my child is **not** required.
- I understand that all students going on this bus will be responsible in conduct to the bus driver and any adult staff, at all times. I understand that the DRIVER WILL BE 21 YEARS OF AGE OR OLDER.
- I understand that all trips will begin and end at the site of origin unless I've made prior arrangements to pick up my child or have my child dropped off at an alternative location and that I must inform the school of these arrangements in writing on or before the day of the trip.
- I understand that I may have to wait for the bus at times, but the bus will leave according to schedule.

WAIVER OF CLAIM

I understand that this agreement provides that all persons riding shall be deemed to have waived all claims against the school for injury, illness or death occurring during or by reason of each trip. I, the undersigned, the parent or legal guardian of the participant, acknowledge that as a condition of my son/daughter/ward participating in said activity, agree to indemnify and hold harmless the school, its employees and volunteers, the Bright Horizon Academy, its governing board, the individual members thereof, and all other employees from any liability, lawsuit, cost, expense or claim of any type whatsoever (including attorney's fees) for any harm, injury or death arising out of the above-named bus service.

My child/ward (print clearly): _____

- Has permission to ride the Bright Horizon Academy bus service which runs between the Muslim Community Center, 14698 Via Fiesta; Clairemont campus, 7050 Eckstrom Ave.; and the Allied Gardens campus, 7202 Princess View Dr.
- I understand it is my responsibility to pay the monthly fee of \$90.00 per student/\$150 for siblings
- I have read and agree to all the above information and waivers.

Parent/Guardian:

Printed: _____ Signature: _____

Date: _____