St. Alban's Episcopal Day School
Authorization to Release & Transport

Student_____Grade_____
Student_____Grade_____
Student_____Grade_____

I hereby give my consent for St. Alban's Episcopal Day School to provide transportation for my child/ren on excursions or other planned trips away from the facility that are conducted and supervised by its staff.

A field trip permission form will be sent home prior to any/all field trips off campus.

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I hereby authorize this facility to release my child to the following persons (other than parents): The following persons must send a copy of Texas Driver's License for identification purposes.

Name	Relation	Telephone #	Licence Plate #

Use back of page if needed.

Please notify the office in writing via email or fax (956/428-8457) of any changes. We will not release to an unauthorized driver without written parent permission first. As a safety precaution, we may ask for proof of identification (i.e. driver's license) from the person picking up your child.

Parent Signature _____Date_____