

ANDOVER CENTRAL SCHOOL

Spectator Bus Permission Form

Date of Trip: Monday, December 11, 2023

Location: St. Bonaventure University

Time of Departure: 4:30 PM **Estimated Time of Return:** after completion of Boys Varsity Basketball game

Purpose of Trip: Girls and Boys Varsity Basketball games against Arkport-Canaseraga at St. Bonaventure

Emergency Contacts	Name	Work Phone	Cell/Home Phone
Parent/Guardian			
Parent/Guardian			
Relative/Friend			
Family Physician			

Special Medication Conditions of Your Child(ren): _____

In order for your child(ren) to participate, this form must be filled out completely and returned prior to the event. No student will be allowed to participate without a complete authorization form.

Statement of Consent:

I give _____ (student name) my consent to participate in this event. In doing so, I agree to the following:

In case of medical emergency, I grant the chaperone the right to authorize medical care, if none of the persons above can be contacted.

I agree to pay the expense of returning my child home before termination of the event if he or she does not adhere to established standards of conduct.

The school is not responsible for damage or loss of personal property owned by my child.

I understand that it is my responsibility to provide the proper attire and the necessary tools that my child might need to protect them from the elements.

Signature of Parent/Guardian: _____

Date: _____

Return To: Karen Odom, Principal's Secretary

By: 2:30 PM on Monday, 12/11/2023