## STUDENT TRAVEL RELEASE

My son/daughter, (print name),		
needs to return from/or travel to (Destination	n of trip) W	itl
(Parent's Name)	at (Departure time)	
this alternative method travel is:	the team is required by school policy, the reason fo	r
	ty Unit School District 118 and the sponsoring staff	
(Coach's Name) f	from all liability in connection with this alternate	
method of travel for this school trip.		
Parent/Guardian Signature:	Date:	
Parent's Contact Number:		
Received by Wauconda CUSD 118 Staff:		
Coach's Name:	Coach's Signature:	