

## St. Mary's County Government Department of Transportation

44829 St. Andrews Church Road, California, MD 20619 Phone: 301-475-4200 x \*1124 Fax: 301-866-6797

## **AUTHORIZATION TO RELEASE STUDENT(S) AT SCENE OF ACCIDENT**

| Student Information  |       |                                       |           |      |
|--|-------|---------------------------------------|-----------|------|
| Student's Name:  |       |                                       |           | Age: |
| Grade:   |       | School:                               |           | 1190 |
|  |       | · · · · · · · · · · · · · · · · · · · |           |      |
| The above named student has been released by the attending emergency unit: YES NO  |       |                                       |           |      |
| Responsible Party (parent/guardian) Information  |       |                                       |           |      |
| Note: Any persons wishing to remove a Non-Public School student from the scene of an accident must be 18 years of age or older   |       |                                       |           |      |
| Name:  |       |                                       |           |      |
| Address:   |       |                                       |           |      |
| City:  |       |                                       | Zip Code: |      |
| Home Phone:  |       | Cell Phone:                           |           |      |
|  |       |                                       |           |      |
| Student will be transported to the following location:   |       |                                       |           |      |
| Accident Information   |       |                                       |           |      |
| Date of Accident:  | Locat | tion of accident:                     |           |      |
| Bus Number:  |       |                                       |           |      |
| Bus Driver Name:   |       |                                       |           |      |
|  |       |                                       |           |      |
|  |       |                                       |           |      |
|  |       |                                       |           |      |
| Authorization  |       |                                       |           |      |
| <b>Consent to release:</b> I, the parent/ guardian of the above named student, affirm that this student has been released by the attending emergency unit and <u>medical release forms have been signed as required</u> . By signing this student release form |       |                                       |           |      |
| I hereby assume total responsibility for this student after he/she is released into my care.   |       |                                       |           |      |
| Printed Name:  |       |                                       |           |      |
| Signature:   |       |                                       | Date:     |      |
| Signature of Authorized Personnel:   |       |                                       | Date:     |      |
|  |       |                                       | •         |      |
| Title:   |       |                                       |           |      |