Rowan-Salisbury
SCHOOL SYSTEM
Extraordinary Education Every Day

Insurance Waiver Form

In order for your child to be allowed to travel off site for a course, they must be covered by either school insurance or a private individual policy.

☐ We are not insured, but we accept full responsibility.

☐ My child is covered by personal insurance.

By signing this form, you are acknowledging that you have a separate insurance policy on your child and/or accepting full responsibility for the time your child will be away from their home school for their coursework.

I, _____ give _____ permission to drive his/her own vehicle to and from the course site.

Dates of Participation: _____

School Departure Time: _____

School Arrival Time: _____

_____
Auto Insurance Provider Policy #

In granting permission for my child to be transported by private vehicle, I also give permission for necessary emergency treatment of my child in case of injury or illness.

_____
Health Insurance Provider Policy #

_____
Emergency Contact Phone(s)

_____
Emergency Contact Phone(s)

Parent Signature: _____ Date: _____

Principal Signature: _____ Date: _____