

## **Permission to Ride Form**

School Name					
I (We) hereby grant permission for			to ride to the after school program		
located at			on the following days:		
☐ Monday	Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	
Students will be tra	veling in the following	g manner:			
☐ School Bus		☐ Priva	Private Passenger Vehicle		
☐ Commercial	Transportation Carr	ier 🗌 Othe	r		
	chool program repres	sentatives to obtain medical y for· such treatment.	treatment for my child in	case of	
		nool program employee who trip. Medications will be disp			
		ons and instructions regardir llergies regarding my child .	ng my child 's medication.	l have noted	
Date					
Signature of Parent,	/ Guardian	Home Phone	Work Phone		
Alternate Emergency Contact		Home Phone	Work Phone		

Address: 10635 Braddock Road, Fairfax, VA 22032 Phone: 703-273-5517 Email: info@bbafairfax.com