



STATE OF CONNECTICUT
 HOWELL CHENEY TECHNICAL HIGH SCHOOL
 791 West Middle Turnpike · Manchester, CT 06040-1899
 Phone: (860) 649-5396 Fax: (860) 649-5263



I give my permission for my son/daughter/ward _____ to be picked up
(Print athlete name)

after athletic events, at the athletic event, during the 2020-2021 school year. He/she will be picked up by one of the persons (4 max) listed below. I understand that if my son/daughter/ward is not picked up by one of the persons listed below by the time the Student Transportation Vehicle is ready to depart that he/she must return on the bus and he/she will then be picked up at Howell Cheney THS. To ensure the safety of my son/daughter/ward I further understand that the persons listed below will present himself/herself to the coach prior to their departure and sign as requested below.

Name	Relationship <small>(include parent/guardian name if parent/guardian might pick up the athlete)</small>
1)	
2)	
3)	
4)	

Parent/guardian Name _____
(Printed name of Parent/Guardian)

Parent/Guardian Signature _____
(Signature of Parent/Guardian) _____
(Date)

Authorized By _____
(Signature of Principal, Assistant Principal or Athletic Director) _____
(Date)

Date	Person picking up Athlete <small>(print)</small>	Person picking up Athlete <small>(sign at pick-up)</small>	Coach verification <small>(sign at pick-up)</small>

