

# 2016-2017 4-H TRANSPORTATION WAIVER

I, \_\_\_\_\_ GIVE PERMISSION FOR PCI  
(PARENT/GUARDIAN NAME)

EDUCATION DEPT. STAFF TO TRANSPORT MY CHILD(REN),

\_\_\_\_\_  
CHILD(REN)'S NAME(S)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

