

## Wahkiakum School District #200 Authorization, Consent and Waive

500 South Third Street/PO Box 398 Cathlamet, WA 98612

I, the undersigned parent or guardian			, do hereby
	[]	Name of Student)	
authorize and consent to his/her riding	g as a pass	enger in a privately ov	vned vehicle to be
driven by	, (i	f allowed by law), a,	student, from
Wahkiakum High School for the pur	rpose of ru	nning errands or goin	g to a location to
work.			
In so authorizing and consenting to School District No. 200 of Wahkial and resulting in injury to said studen	kum Coun	•	• —— •
	Signed	(parent)	)
	Signed		
		(student)	)



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I the undersigned owner and insu	ared for the (year)	(model of car)
automobile, to be driven by my_	(son-daughter)	(Name of Student)
My signature below indicates my when appropriate during the school location to work.		
In authorizing and consenting to t School District No. 200 of Wahkis resulting in injury to said vehicl District would otherwise be liabl	akum County, Washing e or driver, <u>EXCEPT</u>	gton, arising out of such use and to the extent that such School
	Signed	(parent)
	Signed	(student)
I do not give permission for	or my son/daughter to	transport students.
I do give permission for n	ny son/daughter to trar	nsport students. (If allowed by law)