



**BUS TRANSPORTATION AUTHORIZATION**

I give permission for my child (print full name)

\_\_\_\_\_ to travel by bus with My French Programs from Ste Jane de Chantal School located at 9525 Old Georgetown Rd in Bethesda, MD 20814 to the locations where the program my child is enrolled in takes place during the school year 2017/2018.

I hereby agree to hold harmless My French Programs, its subsidiaries and parent company as well as its directors, officers, employees, contractors and agents, from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, related to the bus transportation of my child by My French Programs, including but not limited to all claims for compensation, bodily injuries, and property damages whether arising out of alleged negligence.

I authorize emergency medical treatment in the event of an accident and I understand that every reasonable effort to notify us will be taken upon learning of an accident and/or prior to rendering emergency treatment.

\_\_\_\_\_  
Parent's Signature

Parent Name: \_\_\_\_\_

Emergency Phone number: \_\_\_\_\_

Date: \_\_\_\_\_