

Washington County
Teen Pregnancy Prevention Coalition
TEEN ADVISORY GROUP (TAG)

**TRANSPORTATION ASSISTANCE
PARENT PERMISSION FORM**

The Washington County Teen Pregnancy Prevention Coalition Board prefers for parents to provide or arrange transportation for their teens to participate in TAG activities. We are limited in our ability to provide transportation for teens. However, we understand that in some circumstances a teen may not be able to participate without transportation support. We need you discuss options with your student such as riding with another TAG member who drives. If this is not a possibility, please complete the following form and return to:

Carrol Lourie, Coalition Director: P.O.Box 3647, Hagerstown, MD 21742 or
contact her at:

240-818-7555, Email: clourie@myactv.net

Student Name: _____ **Birthdate:** _____ **Age:** _____

School: _____ **Grade:** _____

Name (please print) of Parent or legal guardian:

Address: _____

Phone: Home _____ **Work** _____ **Cell** _____

Email Address: _____

I, _____, parent/legal guardian of, _____

give my permission for my child to be transported to and from TAG activities by TAG members, their families or TAG advisors. I hereby waive my right to hold TAG Advisors, TAG members, their families or the Coalition responsible for any accidents that may result from the provision of transportation assistance.

Signature: _____ **Date:** _____