



GIFTED ACADEMY EDUCATIONAL CENTER

1517 K STREET, SE
WASHINGTON, DC 20003
(202) 431-5203
WWW.GIFTEDAEC.ORG

TRANSPORTATION CONSENT FORM

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS

STUDENT INFORMATION:

☐ Male ☐ Female

Grade: _____

Student's Name (*Legal Name*): _____ Date of Birth: _____

mm/dd/yyyy

Parent/Guardian's Name (*Legal Name*): _____

Street Address: _____ City: _____

State: _____ Zip/Postal Code: _____ Home Phone: _____

MEDICAL RELEASE

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize Gifted Academy Educational Center, its director, staff, or representative, to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable.

CONSENT AND RELEASE OF LIABILITY

I, _____, grant permission for my child, _____,
Parent/Guardian's Full Name *Student's Full Name*

to be transported through Gifted Academy Educational Center's shuttle service for the **2026-2027** academic year. As Parent/Guardian, I have voluntarily applied, on behalf of my child, to be transported. As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor ("student").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend **Gifted Academy Educational Center**, its director or drivers, from any claim arising from or in connection with my child riding the shuttle or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the director or drivers for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Gifted Academy Educational Center.

I understand that there are risks in my child's/ward's presence and transportation in this school-sponsored service. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S/WARD'S PRESENCE AND PARTICIPATION IN THIS SERVICE.

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME ON BEHALF OF MY CHILD, AND GIFTED ACADEMY EDUCATIONAL CENTER AND I SIGN IT OF MY OWN FREE WILL.BEHAVIOR EXPECTATIONS

Parent/Guardian's Name (*Legal Name*): _____
Print Parent/Guardian's Full Name

Parent/Guardian's Signature: _____ Date _____
Sign Your Name *Today's Date*