

TEMPORARY DISABILITY PARENTAL RELEASE

Date: _____

Bus #: _____

I, _____, parent or guardian of
Parent or Guardian

_____ hereby release and hold
Name of Student

harmless Jefferson Parish Schools, its employees and/or agents, from all claims or damages

arising out of, or in any way connected with, the temporary disability of

_____.

Said temporary disability being:

Date

Signature of Parent

Address

Telephone Number