



**BEAUFORT COUNTY SCHOOL DISTRICT  
OFF-CAMPUS STUDENT PICK-UP FORM**

My child has traveled to a school district-sponsored event with the team, squad, club, or organization involved in the event. I am picking up my child from the event site. My child will not be transported back with the team, squad, club, or organization involved in the event. I accept full, complete, and sole responsibility for the supervision, protection, care, custody of my child as of the date and time below, and I release the school district from any such duties or liability.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Event

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time