

## Church Bus Permission Slip

This form is to be completely filled out and signed by parent or legal guardian before a child may ride the bus.

**Please print:**

Parent or legal guardian name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Phone \_\_\_\_\_ Email address \_\_\_\_\_

Please list all children of your household who have permission to attend Unity Baptist Church and Club 185 youth program on the church van.

CHILD'S NAME		CHILD'S RELATIONSHIP TO YOU				
<u>First</u>	<u>Last</u>	<u>Son</u>	<u>Daughter</u>	<u>Other</u>	<u>Age</u>	<u>DOB</u>
_____	_____	□□	□□	_____	_____	_____
_____	_____	□□	□□	_____	_____	_____
_____	_____	□□	□□	_____	_____	_____
_____	_____	□□	□□	_____	_____	_____
_____	_____	□□	□□	_____	_____	_____

Do any of the above have allergic reactions to medications? \_\_\_\_\_yes \_\_\_\_\_no If so, please list their name and the medications to which they are allergic:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give my permission for all the children listed above to ride the Unity Baptist Church Bus to attend Club 185. I understand that my children will be under adult supervision. I further understand that in signing this permission slip, I release and hold harmless Unity Baptist Church. By signing this permission slip, I release and hold harmless its trustees, officers, employees and any volunteers from any liability, past or future, fully and completely. I authorize the staff or designated medical professionals and/or volunteers to administer emergency medical assistance if I cannot be reached.

Parent or legal Guardian \_\_\_\_\_ Date \_\_\_\_\_