

**Youth Prayer Breakfast
TRANSPORTATION PERMISSION FORM**

**Complete this form if you want your child to ride on a church van/bus to school
each day after the Prayer Breakfast during the week of March 2-6 2020**

Transportation is provided to PS Jones, Chocowinity Middle, Bath Elementary, Washington High School, Montessori Charter & Early College from First Christian Church. Turn in form at the Transportation Table the first morning student attends the event.

Last Name _____ First name _____
Age __ Grade in School _____ Birthday _____ School _____
Address _____
City _____ Zip _____ email _____

Mother's Name _____ Father's Name _____
Home Phone _____ Work phone (Dad) _____ Work Phone (Mom) _____

Youth's Cell _____ Mom's _____ Dad's _____
Emergency Contact (other than parent): Name _____

Phone _____ Cell _____ Relationship to Child _____

Any serious injuries, operations, allergies etc. or restrictions on your child's activities? _____

Any medications we should be aware of ? _____

Is there anything else we should be aware of while working with your child?

I give my permission for _____ to ride in a church van/bus or vehicle driven by a volunteer each morning during the week of March 2-6 2020

- My child will be riding the van to _____ school each day following the prayer breakfast that will end at 7:25am for middle schoolers. yes no circle one
- Other: _____

I absolve the churches or the schools in which the van/bus belongs, their staff and volunteers from any responsibility in case of accident. If a medical emergency should arise and I cannot be contacted, I hereby give my permission to select a physician and/or hospital for my child's care and to give this physician and/or hospital permission to hospitalize, treat and to order injections, anesthesia or surgery for my child.

Signature _____ Date _____

Group/Certificate number/ name of insurance Co. _____

Parent or guardian