

Permission Slip and Medical Release Form

_____ has my permission to ride the church bus and
(Child's Name)

attend (Church Name and Address).

I understand that (Church Name) and their sanctioned members are not liable in case of accident. I understand that all precautions will be taken in order to provide a safe and worthwhile transportation. I also understand that my child will be traveling to and from church on a bus or van.

In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize (Church Name) to take my child to the nearest hospital with emergency care.

*Please list any pertinent medical information that is vital in case of an emergency:

Print name of parents/guardian

Signature of parents/guardian

Telephone number

Date

(Church Name, Address & Phone #)

Bus Ministry Permission Form

(Please Print)

Child's Name _____ Phone (____) ____ - _____

I _____ (Parent's Name) give my permission for (Church Name) to pick up my child for Sunday Morning Church. I understand that he/she will be picked up between 9:30-10:15 am and dropped off between 12:30 – 1:00 pm. I understand that my child will not be able to ride the bus without this form being filled out. I understand that the bus is offering rides to kids in the 1st Grade and above. Anyone under the 1st Grade cannot ride the bus unless accompanied by a parent. This permission slip is good from now on so you do not have to complete another one once it is on file at the church.

Date ___/___/_____ Parent's Signature _____

Key Points to Remember

- Form needs to be signed before child can get on bus.
- A Medical Release form is also required.
- Child must be in the 1st Grade or above.
- Please let us know of any changes that take place. (moved, sick, does not need ride)
- If you have any questions or concerns feel free to contact the church.

(Church Name, Address & Phone #)

Medical Release Form

Please Print

Child's Name _____ Date of Birth ___/___/___ Age ___ Grade ___ Sex ___

Father's Name _____ Mother's Name _____

Address _____ City _____ State ___ Zip _____

Home Phone(____) _____ Work Phone(____) _____

Family Dr. _____ Dr. Phone(____) _____

MEDICAL QUESTIONNAIRE

- Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes ___ No ___ (If yes, please explain.)

- Does your child require a special diet? Yes ___ No ___ (If yes, please explain.)

- Does your child have (or has ever had) any of the following: (circle, and explain below)

Seizure Disorders

Asthma

Heart Murmur

Diabetes

Kidney Disease

Other _____

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the regularly scheduled activities of (Church Name). Further, I certify that my child is physically fit and adequately trained to participate in such events.

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or

becomes ill. I understand that (Church Name) will not be responsible for medical expenses incurred solely on the basis of this authorization.

Signature of Parent/Guardian _____ Date ___ / ___ / ___

(Church Name, Address & Phone #)