



# CHURCH VAN PERMISSION SLIP

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

**Please print:**

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

Address \_\_\_\_\_

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

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

Emergency Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_

Please list all children of your household who have permission to attend the Willard Church of the Nazarene services or offsite activities by means of a church van.

CHILD'S NAME		CHILD'S RELATIONSHIP TO YOU		
<u>First</u>	<u>Last</u>	<u>Son / Daughter / Other</u>	<u>Age</u>	<u>Weight</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 or any other special circumstances we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my permission for all the children listed above to ride the Willard Church of the Nazarene van. I understand that my children will be under adult supervision. I further understand that in signing this permission slip, I release and hold harmless the Willard Church of the Nazarene. 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 \_\_\_\_\_