



## Church Van Permission Slip

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

**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 FBC Lantana's Youth Encounter youth program on the church van.

| CHILD'S NAME |             | CHILD'S RELATIONSHIP TO YOU |                          |              | Age   | DOB   |
|--------------|-------------|-----------------------------|--------------------------|--------------|-------|-------|
| <u>First</u> | <u>Last</u> | <u>Son</u>                  | <u>Daughter</u>          | <u>Other</u> |       |       |
| _____        | _____       | <input type="checkbox"/>    | <input type="checkbox"/> | _____        | _____ | _____ |
| _____        | _____       | <input type="checkbox"/>    | <input type="checkbox"/> | _____        | _____ | _____ |
| _____        | _____       | <input type="checkbox"/>    | <input type="checkbox"/> | _____        | _____ | _____ |
| _____        | _____       | <input type="checkbox"/>    | <input type="checkbox"/> | _____        | _____ | _____ |
| _____        | _____       | <input type="checkbox"/>    | <input type="checkbox"/> | _____        | _____ | _____ |
| _____        | _____       | <input type="checkbox"/>    | <input type="checkbox"/> | _____        | _____ | _____ |

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 FBC Lantana Church van to attend Youth Encounter. I understand that my children will be under adult supervision. I further understand that in signing this permission slip, I release and hold harmless FBC Lantana. 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 \_\_\_\_\_