



Church Van – Permission and Medical Release Form

This form is to be completely filled out and signed before you or your family can ride in the van.

Please print:

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 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> |
| _____ | _____ | <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 listed above to ride FBC Lantana Church van. I understand that in signing this, I release and hold harmless FBC Lantana. By signing this form, 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.

Signature _____ Date _____