

Guest of: _____

EAST VALLEY FOURSQUARE CHURCH FAITH KIDZ/NO LIMITS PERMISSION SLIP

This form is to be completely filled out & signed by parent or legal guardian before a child/youth may ride the bus.

Please Print:

Parent or Guardian Name: _____

Parent or Guardian Name: _____ same address? yes no

Street Address: _____ Lot/Apt #: _____

Mailing Address (if different than above): _____

City: _____ Zip: _____

Home Phone _____ Work ph. _____ Cell/Other _____

If necessary: a secondary drop off place, if parent/guardian is not home when child is returned home.

Please list **all children** of your household who have your permission to attend the East Valley Foursquare Church Bus Program.

<u>YOUTH'S NAME</u>		<u>YOUTH'S RELATION TO YOU</u>				
Last	First	Boy/Girl	Relationship to you	Age	Birthdate	Grade
_____	_____	<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 youth have allergic reactions to any medications or food? Yes ___ No ___

If so, please list their name(s) and the medication or food(s) to which they are allergic.

I hereby give my permission for all the children listed above to ride the bus, participate in activities, be photographed, videotaped and or attend East Valley Foursquare Church. I understand that my child(ren) will be under adult supervision at all times. I also understand that pictures and or videos may be used for public or promotional use by EVFC. Videos and photographs are taken at all services. I further understand that in signing this permission slip, I release and hold harmless East Valley Foursquare Church, The International Church of the Foursquare Gospel, its trustees, officers, employees, and any volunteers from any liability, past or future, fully and completely. I authorize the executive staff or designated medical professionals to administer emergency medical assistance if I cannot be reached. I will notify the church immediately of any change of information presented and agree it is valid until revoked in writing my me. I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Parent/Legal Guardian Signature _____ Date: _____

See also:

Bus route or Captain: #