FAITH BAPTIST CHURCH Parental Permission Form

RIDER INFORMATION	
FirstName:	Last Name:
Child's Birthday:/	Phone: ()
Apartment/Subdivision Name:	
Address:	Apt:
City/State/Zip:	
Mother:	Phone: ()
Father:	Phone: ()
IN CACE OF EMERGENCY DIFACE CONTACT.	
IN CASE OF EMERGENCY, PLEASE CONTACT:	
Name:	
Relation:	
necessary precautions will be taken to ensure Health Commitment: To safeguard the weather if they contract any illness or infectious discommitted by the parent/guardian. Behavioral Expectations: I understand the rides or at church activities, which cannot be portation until the matter is satisfactorily retained the parent/guardian. Emergency Contact: In the event of an entitle above provided information. I give per	urch and its drivers are not liable in the event of an accident. All ure safe and secure transportation for my child. ell-being of my child and others, I agree to keep my child at home ease that could be communicable in any manner. nat if there are any disciplinary issues with my child during bus be resolved verbally, my child may lose the privilege of bus transesolved through meeting with Faith Baptist Church and myself as mergency, Faith Baptist Church will make every effort to contact rmission for Faith Baptist Church to seek medical attention for knowledge that Faith Baptist Church is not liable for any medical
expenses incurred during such emergencie Photo/Video Authorization: I authorize Fa	es. aith Baptist Church to use photos and/or videos of my child for
church-related publications, social media, o	
	nd understand the terms outlined in this permission form and being of my child and others involved in the church bus ministry.
Parent/Guardian Signature	