

Parent Van Consent and Information Form
Trinity Baptist Church • 7186 Old US Highway 421 S • Deep Gap, North Carolina
1-828-262-5751 • www.here4life.org

Name: _____ Age: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Date of birth: _____ Gender: _____
Parent(s) Name(s): _____
Home phone _____ Work phone _____ Cell/pager _____
Home e-mail address: _____
In case of emergency, contact: _____
Allergies or other medical conditions: _____

TWO EMERGENCY CONTACT PEOPLE OTHER THAN PARENT/GUARDIAN

Name _____ Relationship _____
Home phone _____ Work phone _____ Cell/pager _____
Name _____ Relationship _____
Home phone _____ Work phone _____ Cell/pager _____

I, the undersigned parent or guardian, grant permission for the above named to ride in the church van to and from Trinity Baptist Church for church sponsored activities. I understand that Trinity Baptist church will use appropriate child restraint devices (I will provide car seat/booster seat) and abide by all state laws when my child is transported in a vehicle. In the event of an emergency where medical treatment is required, I give permission to the church staff to obtain the services of a licensed physician. I understand that I or the emergency contact person will be notified immediately concerning any such emergency. I hereby release and discharge the adult leaders, event staff and Trinity Baptist Church from any and all debts, judgments or suits of any kind that may arise by my child's participation in this event. Payment of any medical expenses will be paid by me or by my insurance company.

I give Trinity Baptist Church permission to have my above named child transported to (Hospital, Clinic) _____ for emergency medical care, (Dentist) _____ for emergency dental care, or to the nearest available source of assistance.

_____ Parent/Guardian Signature	_____ Parent/Guardian Signature
_____ Date	_____ Date
Insurance Company _____	Phone _____
Name of Policy Holder _____	Relationship _____
Medical Insurance Policy # _____	S.S. # _____