BUS MINISTRY PERMISSION SLIP

CHRISTIAN TABERNACLE CHURCH

Bus Ministry Permission Slip

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

Parent or guardian name: Address: City: State: Zip Code: Home Phone: Emergency Phone: Please list all children of your household who have your permission to attend a function sponsored by Christian Tabernacle Church. Child's Full Name: Child's Relationship To You Child's Age Date of Birtle		me:			
City: State: Zip Code: Home Phone: Emergency Phone: Emergency Phone: Please list all children of your household who have your permission to attend a function sponsored by Christian Tabernacle Church. Child's Full Name: Child's Relationship To You Child's Age Date of Birtle Do any of the above have allergic reactions to any medication? Yes No If so, please list their name(s) and the medication(s) to which they are allergic I hereby give my permission for all the children listed above to ride the bus, participate in activities and / or attend Christian Tabernacle Church. I further understand that in signin this permission slip, I release and hold harmless Christian Tabernacle Church, it's trustee officers, employees, and any volunteers from any liability, past, present or future, fully and completely. I authorize the executive staff or designated medical professionals to administer emergency medical assistance if I cannot be reached. Parent or guardian signature: Date: Date: Date: Pro CTC Bus Ministry Office Use Only Date Form Received: Above information Complete? Yes No Ministry: Coordinator: Coordinator:					
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Sponsored by Christian Tabernacle Church. Child's Full Name: Child's Relationship To You Child's Age Date of Birtle Date of B	Home Phone:	Emergene	cy Phone:		
Child's Full Name: Child's Relationship To You Child's Age Date of Birth Do any of the above have allergic reactions to any medication? Yes No					end a function
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