



**City of Restoration Church**  
**"A Place to be Restored"**

**Church Van Permission Slip**

This form must be filled out completely and signed by a parent or legal guardian before a child may ride in the van.

**Please print:**

Parent or Legal Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Please list all children in your household who have permission to attend The City of Restoration Church and the Youth Church (YC) services and church events by means of transportation on the church van.

CHILD'S NAME		CHILD'S RELATIONSHIP TO YOU			Age	DOB
<u>First</u>	<u>Last</u>	<u>Son</u>	<u>Daughter</u>	<u>Other</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 any known allergies? \_\_\_\_\_yes \_\_\_\_\_no

If so, please list all known allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my permission for all children listed above to ride The City of Restoration Church van to attend Youth Church Services and other church events. I understand that my child/children will be under adult supervision. I further understand that in signing this permission slip, I release and hold harmless The City of Restoration Church. By signing this permission slip, I release and hold harmless its trustees, officers, employees, and any volunteers from any liability, past or future, fully and completely. I also authorize the staff or designated medical professionals and/or volunteers to administer emergency medical assistance in the event of a medical emergency and if I cannot be reached.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_