



MANDATORY CHURCH VAN PERMISSION FORM

**This form is to be completely filled out and signed by parent or legal guardian
before a student may ride the van.**

Please Print Clearly:

Parent or Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Other Phone _____

**Please list all students of your household who have your permission
to a ride Asbury United Methodist Church van route.**

STUDENT'S NAME

RELATIONSHIP TO YOU

DATE OF BIRTH

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the above students have allergic reactions to any medications? If so please list their names and the medications to which they are allergic: _____

I hereby give my permission for all the students listed above to ride the van, participate in activities, and attend Asbury United Methodist Church or any of the church related functions. I understand that my student will be under adult supervision. I further understand that in signing this permission slip, I release and hold harmless Asbury United Methodist Church and all other church-related functions. By signing this permission slip, I release and hold harmless its trustees, employees, interns, and any volunteers from any liability, past or future, fully and completely. I also understand and have received a copy of the list of van rules. Disregard for these expectations is subject to consequences up to not being allowed to ride in any vehicle owned by Asbury United Methodist Church. I authorize the staff or designated medical professionals and/or volunteers to administer emergency medical assistance if I cannot be reached.

Parent or Legal Guardian Signature _____

Date _____