

2020 ELK CITY FIRST ASSEMBLY OF GOD TRANSPORTATION PERMISSION SLIP AND LIABILITY WAIVER

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

PLEASE PRINT:

Parent or Legal Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Alternate Phone: _____

E-mail Address: _____

Please list all children of your household who have your permission to attend any and all Church Events, including Youth and Children Ministries:

CHILD'S NAME:

First: Last: Gender: Age: Grade: DOB:

Do any of the above have food or medication allergies?: YES NO

Do any of the above have serious medical conditions we need to be aware of?: YES NO

If you have answered yes to either of the above questions, please list their names, allergies, and medical conditions: _____

I hereby give my permission for all of the children listed above to ride the van, participate in activities, and attend ECFA and/or any other church related functions. I understand that my children will be under adult supervision. I further understand that in signing this permission slip, I release and hold harmless ECFA and any other church related functions. By signing this permission slip, I release and hold harmless its employees, deacons, and volunteers from any liability, past or future, fully and completely. I authorize the staff or designated medical professionals and/or volunteers to administer emergency medical assistance if I cannot be reached. I may contact the church office in writing to revoke any of the above permissions.

Parent or Legal Guardian Signature: _____ Date: _____

Please note that if you type your name on the line above, this acts as a legal signature for this document.

Photo Consent:

I _____ consent to the child(s) listed above to have their picture taken at any ECFA event, including youth and children ministries. And agree that they will have to right but not the obligation to use the photo(s), for their website, social media, or any other material for ECFA. (Names will not be used in association with the photos.)

Parent/Guardian Signature: _____ **Date:** _____

Please note that if you type your name on the line above, this acts as a legal signature for this document.

Thank you,
ECFA Staff