

CENTER GROVE BAPTIST CHURCH

TRANSPORTATION MINISTRY

VAN RIDER CONSENT

Student Information

Student Name: _____

Pick-Up Address: _____

City _____ State _____ Zip _____

Drop-Off Address: _____
(If different from pick-up)

City _____ State _____ Zip _____

Home Phone: (_____) _____ - _____

Parent / Emergency Contact

Name: _____

Relationship: _____

Phone: (_____) _____ - _____

Medical & Allergies Information

Any Known Allergies?

No Yes List Allergies: _____

Does this student have any known health concerns that would restrict his/her participation in any activities?

No Yes Explain: _____

Permission

I give Center Grove Baptist Church permission to transport the above child to and from any activity sponsored by Center Grove Baptist Church. I also agree to work with Center Grove to ensure my child understands and follows the rules and policies set by the Center Grove Transportation Ministry.

Signed: _____ Relationship: _____

Printed Name: _____ Date: _____