



# Parental Consent Form

Family Information for Bethel Baptist Church of Vandalia, IL Bus Ministry

Child's name: \_\_\_\_\_ M/F  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home/Cell Work email address

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

I give permission for the above-named child to ride the church bus. I understand that my child will be expected to follow the rules regarding bus transportation. Circle one: Yes No

EMERGENCY CONTACTS		
1. _____	Relationship: _____	Phone: _____
2. _____	Relationship: _____	Phone: _____

**IN CASE OF EMERGENCY:** I hereby give authorization to an adult leader of the events within this year, as agent for me to consent to an X-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

This is also to certify, to the best of my knowledge, that the above named has no physical handicaps or illnesses (except as noted on this form). I hereby release Bethel Baptist Church of Vandalia, IL, its staff, and sponsors from responsibility and liability for any injury or illness that the above named may sustain during church sponsored activities.

Signature of Parent/Legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL INFORMATION

Insurance Co: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_  
Policy Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_  
Handicaps/limitations: \_\_\_\_\_