



## Transportation Agreement

Parents and legal guardians of minor children are asked to complete this form. The information requested is designed to assist the church in providing for the safety of minors as we transport them throughout the year.

### GENERAL INFORMATION (Please print):

Child's Name:	_____	Date of Birth:	_____
Child's Address:	_____	Mother's Name:	_____
Father's Name:	_____	Mother's Cell No.:	_____
Father's Phone No.:	_____	Parent's Work:	_____
Family Doctor:	_____	Dr. Phone No.:	_____

### CONSENT AND CERTIFICATION:

I (We), the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to my child being picked up and/or dropped off for church activities in the year 2018. In the event that the information on this permission form changes, I will notify a church leader, preferably in writing, asap.

Locations the child should **not** be dropped off: \_\_\_\_\_

People the child should **not** be taken to or go with: \_\_\_\_\_

Unless otherwise informed by an adult in person, in writing or by phone, we require the child to be dropped off in the same location they are picked up. If this is not the regular practice for your child(ren); please state here:

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### INDEMNITY:

Centerville Assembly of God assumes no responsibility in connection with transportation being made by persons at Centerville Assembly of God and seeks to solely give transportation as a matter of convenience for those desiring to participate in our events. In consideration of Centerville Assembly of God's permitting the named person to be transported, the undersigned, acting for themselves, their heirs, personal representatives and assigns, do hereby release Centerville Assembly of God, its Pastors, officers, Board, representatives and agents, individually and collectively, from all liability, including claims and suits at law or in equity, for any injury, fatal or otherwise, or for any property loss or damage which may result from the named person being transported.

The undersigned agree to indemnify Centerville Assembly of God, its Board, officers, Pastors, representatives and agents against all damage, expense, cost, charges and liability.

### MEDICAL TREATMENT AUTHORIZATION

We understand that, in the event medical treatment for my child is required, effort will be made to contact us. However, if we cannot be reached, we give permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being. We understand that Centerville Assembly of God will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

### MEDICAL INFORMATION:

Please list any medical allergies, medications being taken, medical problems, or other pertinent information regarding your child's medical history.

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Medical problems: \_\_\_\_\_

Other information: \_\_\_\_\_

### SIGNATURES:

Mother (Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Father (Guardian): \_\_\_\_\_

Date: \_\_\_\_\_