



Permission / Agreement for Transportation

Date: _____

Child's Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

Father / Guardian Name: _____

Business Name: _____

Business Phone: _____ Cell Phone: _____

Mother / Guardian Name: _____

Business Name: _____

Business Phone: _____ Cell Phone: _____

Person to contact **in case of emergency** when parents cannot be reached: _____

Phone: _____ Relationship to Child: _____

Doctor's Name: _____ Phone: _____

Does your child have allergies? (Please circle one) Yes No Explain: _____

Name of Insurance Provider: _____

Group / Policy #: _____ Phone: _____

Signature of Parent / Guardian: _____

Permission & Agreement:

I hereby give permission for _____ to be released to Children of Promise for field trip transportation.
(Child's Name)

I hereby agree that in case of illness or accident requiring a physician's immediate attention, and if I cannot be contacted by Children of Promise, _____ at _____ may be called and is authorized to treat my child.
(Physician) (Phone)

If the above doctor cannot be reached, I give my permission for the nearest doctor or hospital to administer services at my expense.

I understand and accept the policies and above permission given and the agreement made with Children of Promise and release Children of Promise / Trinity Chapel Church of God from injury or illness.

Signature of Parent / Guardian: _____

Subscribed and Acknowledged by me this _____ day of _____ 20 _____

My commission expires: _____
(Notary Public in State of Georgia)