



# First Assembly of God

## *Bus Permission Slip*

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

**Please Print**  
 Parent/Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Please list all children in your household who have your permission to ride to bus to First Assembly of God in Sullivan.**

CHILD'S NAME		CHILD'S RELATIONSHIP TO YOU			Age	Date of Birth
First	Last	Son	Daughter	Other		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Please Specify _____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Please Specify _____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Please Specify _____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Please Specify _____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Please Specify _____	_____	_____

**Do any of the above have allergic reactions to any medications? Yes  No**   
**If so, please list the child(s) name and the medication(s) to which they are allergic.**  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby give my permission for all the children listed above to ride the bus, participate in activities, and attend First Assembly. I understand that my child(ren) will be under adult supervision at all times. I further understand that in signing this permission slip, I release and hold harmless First Assembly, its trustees, officers, employees, and any volunteers from any liability, past or future, fully and completely. I authorize the executive staff or designated medical professionals to administer emergency medical assistance if I can not be reached.

**Parent/ Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

For FAOG Staff Use Only  New  Update  
 Route \_\_\_\_\_ Stop \_\_\_\_\_  
 Complex \_\_\_\_\_  
 Above information Complete? Yes  No  Bus Captain 's Initials \_\_\_\_\_