

To: All Parents/Guardians

In accordance with our Safe Sanctuary Policy at Fairview United Methodist Church:

We are requesting each Parent/Guardian to complete the attached Permission Slip for your child to be allowed to ride the Fairview UMC Van. A form must be filled out for every child and returned to the church. Your child/youth will not be able to ride the Van without this form. We are doing this instead of asking the Parent/Guardian to come out to the Van each trip and sign your child in and out. It is the responsibility of the Parent/Guardian to notify Fairview UMC or Anita Hensley by 5:15 pm at 423-943-9028 if your child is not going to attend.

If you are not going to be home when your child is dropped off, please notify us at one of these phone numbers: 423-913-2275 or 423-943-9028. We want your child to be safe. If you have any questions, please contact Anita Hensley or Pastor Christi at the numbers stated above.

Thank you,

Anita Hensley
Children's Coordinator

RIDE CHURCH VAN - PERMISSION SLIP

DATE: _____

PERMISSION/MEDICAL RELEASE FOR:

Name _____ Phone _____

Address _____ City _____ Zip _____

Birth Date _____ School Name _____

Parent/Guardian's Name (please print): _____

I give permission for my child/youth to ride the church vans provided by Fairview United Methodist Church. **I understand that my child will be picked up by the Van on Wednesday nights and Sunday morning if so desired. They will be returned to the location from where they were picked up previously. No child/youth will be allowed to ride the Van until this form is signed and returned to the church.** I hereby release Fairview United Methodist Church and drivers from responsibility and liability for any illness or injury that my child may sustain. In the event of an emergency, I hereby authorize an adult leader of this activity as my agent, to consent to any x-ray, examination, medical, dental, surgical diagnosis, treatment and hospital care as advised and supervised by an attending physician, surgeon and/or dentist, licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible. I do understand that I will be contacted for verification of signature.

This document will be valid and in full effect from this date: _____

Parent/Guardian Signature: _____

Emergency Phone Numbers: _____

Medical Information:

Allergies: _____

Medications Being Taken: _____

Physical Handicaps: _____

Medical Insurance Co: _____

Policy Number: _____

ALL EVENTS FOR YOUTH AND CHILDREN WILL REQUIRE A SEPARATE PERMISSION SLIP