



BUS RIDER: PARENTAL PERMISSION

Child(ren's) Name: _____

Parent's Name: _____

Date of Birth: _____

Address: _____

City _____ State _____ Zip _____

Telephone: (Home) _____ (Other) _____

Allergies and Sensitivities: _____

Health Problems: _____

Medications: _____

Emergency Information: _____

Consent to ride Mt. Zion Baptist Church Bus:

I give my child permission to ride the bus to Mt. Zion Baptist Church.

Consent in the event of a medical emergency:

In the event of a medical emergency I hereby give permission to Mt. Zion Baptist Church to provide medical help, including ambulance and emergency room service.

Parents signature: _____

Date: ____/____/____



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