

VBS TRANSPORTATION CONSENT FORM

I, _____, give my permission for my child/children (input names below) to be picked up and/or dropped off by the Franklin Methodist Church van/bus for Vacation Bible School during the week of July 8-11, 2024.

CHILD'S/CHILDREN'S FIRST AND LAST NAME(S)*

1. _____

2. _____

3. _____

4. _____

Parent/Guardian Signature (REQUIRED)

Printed Name

Date

Please indicate the days to be picked up and/or dropped off by the church van/bus.

MONDAY, JULY 8th Check all that apply Picked Up Dropped Off Will not attend VBS this day

TUESDAY, JULY 9th Check all that apply Picked Up Dropped Off Will not attend VBS this day

WEDNESDAY, JULY 10th Check all that apply Picked Up Dropped Off Will not attend VBS this day

THURSDAY, JULY 11th Check all that apply Picked Up Dropped Off Will not attend VBS this day

ADDRESS FOR PICKUP/DROP OFF

Street Address: _____

PARENT/GUARDIAN DAY PHONE _____

EMAIL ADDRESS: _____

CHILDREN WILL BE PICKED UP BETWEEN 8:30AM AND 8:45AM DEPENDING ON THEIR PLACEMENT IN THE TRANSPORTATION ROUTES.

PLEASE READ INFORMATION ON THE BACK AND INITIAL

In granting permission, I hereby expressly waive my claim for liability against Franklin Methodist Church, including their employees and representatives and release them from liability in connection with transportation to and from Franklin MC Vacation Bible School.

Further, I assume full responsibility for any damage to persons and/or property caused by my student.

Initial

Further, in case of emergency or injury to my child/ren, I hereby authorize the church to act in the best interest of my child/ren. I understand that I will be personally notified immediately in the event of an emergency if it becomes necessary for my child/ren to be returned home and/or require health treatment.

Initial

It is further warranted that if this **Transportation Permission Form is signed by one of two parent/guardians, it is with the authority of the other.**