

VAN PERMISSION FORM -2016
First Baptist Church of Eagle Lake
2500 US HWY. 17 S, Eagle Lake, FL 33839
Phone: 863-534-1195

**THIS FORM MUST BE COMPLETED AND RETURNED. YOUR CHILD WILL NOT BE
PICKED UP UNLESS WE HAVE A SIGNED PERMISSION FORM ON FILE. THANK YOU.**

My Child _____
(Print full name of child)

has my permission to ride the church van of *First Baptist Church of Eagle Lake*. My child and I have **read** and **understand** the safety rules for riding the church van. My child and I understand that the code of conduct needs to be followed while riding the van. We also **understand** the consequences of failure to follow the van rules.

Parent's Signature: _____

Witness: _____

Child's signature: _____

Date: _____ 2016
Month Day

VAN PICK UP INFORMATION:

Child's Full Name _____

Child's age is: _____ Birth Date ____/____/____ Grade _____
Month/Day/Year

Home Parent's Full Names: _____

Home Physical Address:
Street: _____

City: _____

State: _____ Zip: _____

Home Phone: ____ Parent Cell: _____ Work Phone: ____

IN THE EVENT OF AN EMERGENCY AND YOU CANNOT BE REACHED:

Emergency contact: _____ Phone: ____

2nd Phone _____

Relationship to van rider: _____