



TEEN F.L.O.W. YOUTH MINISTRIES

WHERE LEADERS ARE MADE!

TRANSPORTATION PARENT CONSENT FORM 2016-2017

As the parent/guardian of the student listed below, I authorize Teen F.L.O.W. Youth Ministry drivers to transport my child to and from the designated pick up and drop off areas, as well as to any other activity that may require transportation as part of the Teen F.L.O.W. Youth Ministry program.

NAME OF STUDENT PASSENGER _____

I certify that I am the parent or legal guardian of the participant named above. I am fully aware of and accept the dangers and risks inherent in the operation of a motor vehicle, including physical injury, death or other consequences that may arise or result directly or indirectly from operation of a motor vehicle. Being fully informed as to these risks, I hereby assume all risk of injury or liability and shall hold harmless, and waive any right of recovery from or to bring suit against Teen F.L.O.W. Youth Ministry from any liability for any personal injury, death or consequences arising out of operation of a motor vehicle needed to transport my child. I grant my full consent and authorization for his/her being transported to participate in the Teen F.L.O.W. Youth Ministry program.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

STUDENT PERMISSION/MEDICAL/LIABILITY RELEASE FORM

As the parent/guardian of the student listed below, I give permission for my child to attend the program at Teen F.L.O.W. Youth Ministry and understand there are rules and regulations. I authorize the staff of Teen F.L.O.W. with the care of my child. In the event of a sudden illness or accident, I authorize Teen F.L.O.W. staff, and/ or medical staff to act in my best interest and obtain necessary medical care for my child.

STUDENT NAME _____ DATE ____/____/____

BIRTH DATE ____/____/____ AGE _____ GENDER (M/F) _____

LIST ANY MEDICAL/HEALTH INFORMATION: _____

LIST ANY MEDICATIONS STUDENT IS CURRENTLY TAKING: _____

PERSON TO NOTIFY IN EVENT OF EMERGENCY: _____ PHONE# _____

RELATIONSHIP TO STUDENT: _____

Teen F.L.O.W. has permission to use any photography/videos of participant listed on this form for brochures, newsletters, videos, web page or other promotional items. I/we further understand that these photos/videos will only be used for Teen F.L.O.W. purposes.

I have read this complete form and I understand the information contained herein. I have freely and voluntarily signed this form.

PARENT/GUARDIAN SIGNATURE: _____ DATE ____/____/____