

TFC Kids Transportation

Please fill out this form completely and turn it in to the van driver (Mr. Doug or Miss Diane). We will pick up on Hagle Park Road at 9:30 a.m. and they will return around noon. The van will pick your children up in front of your house.

Child's Name _____

Parent/Guardians Names _____

Your Email _____

Address _____

City _____

State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Child's Age _____ Date of Birth _____

Child's Grade in School _____

In Case of Emergency

Primary Contact _____

Phone Number _____

Secondary Contact _____

Phone Number _____

Allergies or Medical Conditions:

Dietary Restrictions (no milk, peanuts, etc)

Parent/Guardian Consent and Release:

EMERGENCY MEDICAL RELEASE FORM- Return to TFC

My child has my/our permission to ride to and from church and church activities in the van or bus operated by the Family Church at Christian Retreat, 1200 Glory Way Blvd, Bradenton, FL. 34212 (hereinafter called TFC).

I hereby give my approval for my child to attend and participate in all activities at TFC Kids. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release TFC, its pastors, employees and volunteer workers from any liability resulting from injury to the minor listed on this form. I authorize the adult sponsors to approve of any medical procedures that may be required in case of accident or injury. I release any medical facility from liability resulting in treatment of the minor listed or myself.

I give my permission for the use of video or pictures of my child taken during the service or activity times at TFC Kids for publicity purposes. If you do not want your child photographed, please check the following box and you MUST include a recent photo of your child. If we do not have a photo we can't insure they will not be photographed.

NO PHOTOS PLEASE

EMERGENCY MEDICAL INFORMATION

List any physical or mental limitation: _____

List any medications which will accompany your child:

List any medical conditions to be aware of: _____

List any medication allergic to: _____

I do not wish my child to participate in the following: _____

Date of Last Tetanus shot: _____

Insurance Company: _____

Policy #: _____

Parent/Guardian Name: _____

Signature: _____