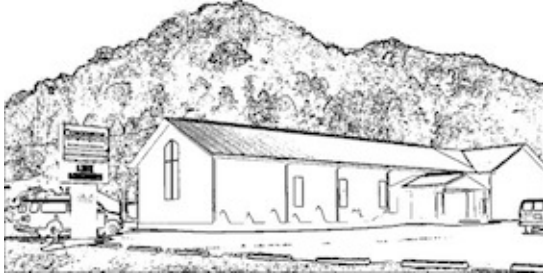


Van Driver: _____



Cornerstone Apostolic Church Van Trip Permission Slip Form

_____ has my permission to ride the church
(Child's Name)

van and attend an event at _____

on _____, 20____. The van will leave the Church between 4:00 pm – 4:30 pm on Friday and will return Friday Night. Your child will contact you when the van gets near the Church so you can come and pick your child up. If your child is to be dropped off somewhere other than their home, then you as their parent/guardian must list the 911 address at the bottom or back of this page and sign your name beside it.

In signing this permission slip, I understand that Cornerstone Apostolic Church and their sanctioned members are not liable in case of accident. I understand that all precautions will be taken in order to provide a safe and worthwhile transportation. I also understand that my child will be traveling to and from this event on a van.

In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize the van driver to take my child to the nearest hospital with emergency care.

*Please list any pertinent medical information that is vital in case of an emergency:

Print name of parents/guardian

Signature of parents/guardian

Telephone number

Date