FIRST BAPTIST GULF SHORES

CHILDREN & YOUTH CHURCH BUS TRANSPORTATION

PARENT/GUARDIAN PERMISSION, MEDICAL AUTHORIZATION & WAIVER

CHILD & PARENT/GUARDIAN INFORMATION

Child's Full Name: _____ **Date of Birth:** _____ **Age:** _____

Home Address: _____

City / State / ZIP: _____

Parent/Guardian Name: _____ **Primary Phone:** _____ **Alternate Phone:** _____

Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

TRANSPORTATION PERMISSION

I, the undersigned parent or legal guardian, give permission for the child named above to ride in a church-owned, leased, rented, or otherwise authorized vehicle operated on behalf of **First Baptist Gulf Shores** for transportation to and from church services, Sunday School, Wednesday activities, children's or youth programs, and other church-sponsored activities. I understand that transportation may be provided by church employees, volunteers, or other drivers authorized by First Baptist Gulf Shores.

PICKUP & DROP-OFF AUTHORIZATION

Usual Pickup Location: _____

Usual Drop-Off Location: _____

I authorize First Baptist Gulf Shores to pick up and return my child at the locations indicated above or at another location I have specifically authorized. I am responsible for providing accurate transportation information and promptly notifying the church of any changes.

CHILD SAFETY & CONDUCT

I understand that my child is expected to follow all safety instructions and rules established by the driver and church representatives while riding in a church vehicle. I have instructed my child to remain seated when required, use available seat belts or other restraints as directed, refrain from distracting the driver, and behave in a manner that does not endanger the driver or other passengers. First Baptist Gulf Shores may suspend or discontinue transportation privileges if my child repeatedly fails to follow transportation or safety rules.

MEDICAL INFORMATION

Allergies:

Medical Conditions Church Personnel Should Know About:

Medications or Special Instructions:

Child's Physician: _____ **Physician Phone:** _____

EMERGENCY MEDICAL AUTHORIZATION

In the event of an accident, illness, or medical emergency involving my child, I authorize representatives of First Baptist Gulf Shores to contact emergency medical services and obtain reasonable and necessary emergency medical treatment for my child when I cannot be reached promptly. Church representatives will make reasonable efforts to contact me or the emergency contact listed above as soon as practical. I accept responsibility for medical expenses incurred on behalf of my child except to the extent otherwise required by applicable law or insurance coverage.

FIRST BAPTIST GULF SHORES

CHURCH BUS TRANSPORTATION - ACKNOWLEDGMENT & SIGNATURE

Child's Full Name: _____ **Parent/Guardian:** _____

ACKNOWLEDGMENT OF RISK

I understand that transportation in a motor vehicle involves risks, including the possibility of traffic accidents, injuries, property damage, and other circumstances that cannot be completely eliminated even when reasonable safety precautions are taken. By allowing my child to participate in church-provided transportation, I acknowledge these ordinary and inherent risks.

RELEASE & WAIVER

To the fullest extent permitted by Alabama law, I agree to release and hold harmless **First Baptist Gulf Shores**, its pastors, officers, employees, volunteers, authorized drivers, representatives, and agents from claims arising from my child's participation in church transportation, except to the extent a claim cannot legally be waived or results from conduct for which liability cannot lawfully be released.

Nothing in this document is intended to waive any right or protection that cannot legally be waived under applicable law.

PARENT/GUARDIAN CERTIFICATION

- ■ I am the parent or legal guardian of the child identified on this form, or I otherwise have legal authority to provide this permission.
- ■ The information provided on this form is accurate to the best of my knowledge.
- ■ I have read and understand this form and voluntarily give permission for my child to participate in transportation provided or arranged by First Baptist Gulf Shores.
- ■ I understand that I may revoke this transportation permission by providing written notice to the church.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Church Representative/Witness: _____ **Date Received:** _____

CHURCH USE ONLY

Bus / Route:		**Pickup Time:**	
Pickup Location:		**Drop-Off Location:**	
Transportation Notes / Special Instructions:			

Administrative note: Keep the completed form in accordance with the church's records-retention and child-safety procedures. Review transportation permissions and emergency information periodically and whenever a parent/guardian reports a change.

Important: This form is a general administrative template and is not legal advice. Because waivers involving minors and transportation liability may be subject to Alabama law and insurance requirements, First Baptist Gulf Shores should have its attorney and insurance carrier review the form before adoption.