**City View First Baptist Church**

**2300 W. Blue Ridge Dr Greenville,SC**

**Request for Van Pick up**

**Child Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(We must pick up and take home to this address)*

**Parents Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone# Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Important Note**

***The safest way for any child/Youth to get to church is for the parent/guardian***

***to bring them.***

**Must be at least 5 years of age to ride the van**

**Reason for request: (Please check appropriate boxes)**

**□ No transportation**

**□ Parents are working at the time of church**

**□ Other (Please Explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Request Days for Pickup:**

**□ Sunday Morning □ Sunday Evening □ Wednesday Evening**

**Rules for riding the van**

* **No Profanity**
* **No knives or weapons**
* **No climbing over seats**
* **No Cell Phones**
* **No Horseplay**
* **No food or drinks**
* **You must be respectful to van drivers, other riders and Gods Property**

**You must have request form on file before child/youth can be picked up**

***If any of these rules are broken the child/youth will not be allowed to ride the van***

Limited Power of Attorney

If a serious emergency arises, it may be necessary for a physician to attend to your son or daughter before the staff could get in touch with you or your designated physician. Such care can be provided ONLY if you sign the following authorization for medical treatment.

I give the teacher or administrator in charge of my son/daughter limited power of attorney to act in my absence and see that my son/daughter gets whatever medical treatment is necessary in case of sickness or accident.

List any medical exemptions ( Allergies, blood transfusions, etc.. for your child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any health problems\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child is presently taking the following medicine prescribed by a Dr.

Name of Medicine:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Taken\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health and Accident Insurance:

Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver of Liability**

**I will hold City View First Baptist Church harmless of all accidents and from any and all liabilities which may occur while my child/youth is on the church grounds or van traveling to or from activities. By giving my signature below, I am in agreement with all areas listed.**

**Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**