

Flagler County Baptist Church Transportation Guidelines

Transportation service offered:

- Sunday Church (5 yrs. old through 6th grade)
Service time 10:00 am

Bus Riding Rules

(Violation of these rules may result in suspension from all church transportation.)

1. No Public Displays of Affection:

2. Respect:

The bus, driver, leaders, and fellow riders.
No Food, drink or gum is allowed on the bus.
Remain seated at all times.

3. Off Limits:

Where you get picked up is where you get dropped off.
Back doors of the bus are never to be touched unless instructed by an adult to do so.
Once on church property, you must stay on church property.

4. No Offensive Behavior and/or Language:

No yelling or slander at any time.
Inappropriate gestures or actions towards members of the opposite gender, driver, fellow passengers, or other vehicles are not permitted.

5. No Fighting

Includes horseplay and play fighting.
No bullying in any form (Verbal or Physical) will be tolerated.

By signing below, I agree to adhere to the rules listed above and any other rules or policies of Flagler County Baptist Church.

Parent/Guardian Name:

Date:

Flagler County Baptist Church Bus Rider Permission Form

Dear Parent or Guardian:

With your permission, the Bus Ministry of Flagler County Baptist Church would like to provide transportation for you and your child(ren) to our Church services.

The Bus Ministry of Flagler County Baptist Church exists to:

- A) *Help the Church fulfill its purpose of Evangelism and Discipleship.*
- B) *Reach out to communities with no local church trying to reach them.*
- C) *Provide transportation to Church for those who have no transportation.*

Parent/Guardian Statement:

I _____ give consent for my child(ren) named below to ride to and from Flagler County Baptist Church services. Further, I agree to hold Flagler County Baptist Church, its officers, workers, or representatives guiltless in the event of accident or injury to my child(ren).

I further grant permission for Flagler County Baptist Church workers to act on my behalf in the event of accident or injury to my child(ren) provided reasonable effort has been made to reach me. By signing below, I affirm that my child(ren) can legally be transported on a bus in Florida. Specifically, each child listed is at least 60 months old (5 years) and weighs at least 40 pounds. **Pictures and videos of special events and services may be taken for media publishing and advertisements. By signing below, you are giving us permission to do so.**

I HAVE CAREFULLY READ AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE ON MY OWN FREE ACT.

Parent/Guardian Name (Please print) _____

Parent/Guardian Signature Date _____

Child (ren's Name(s) (Please Print)

_____ Date of Birth _____ Grade in School _____

_____ Date of Birth _____ Grade in School _____

_____ Date of Birth _____ Grade in School _____

_____ Date of Birth _____ Grade in School _____

Address of Family:

STREET: _____ CITY: _____

ZIP CODE: _____ HOME PHONE: _____ CELL: _____

Any special needs of child(ren):

This form is valid for one year from the date of parent/custodian's signature.

MEDICAL INFORMATION

CHILD INFORMATION (Please Print)

Child's Full Name _____ DOB _____

Home Address _____ Home Phone _____

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s) _____ Fax: _____

Name of practice: _____

Date of last Tetanus shot (required) _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____

Policy Holder's Name (please print): _____

MEDICATION:

List all medications your child will take during any Children's Ministry events. This includes any prescription, non-prescription medications, herbal supplements, and vitamins. Flagler County Baptist Church and its leaders/volunteers are not responsible for loss or theft of medications while being transported to and from service or while your child attends events sponsored by Flagler County Baptist Church.

Parent/Guardian Signature _____ Date _____

Medication Name Dose Treatment for Dispensing instructions

Example: Zyrtec 5mg Seasonal allergies Take one pill daily in the morning with food

Over-the-Counter Medication Permission: Do you give permission for your child to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e., Tylenol, Advil, antacids, Benadryl) while at a children's ministry events?

Check one and sign:

- No. Contact me or get medical help if my child has any minor medical concerns.

Parent signature _____

- Yes. I give permission for an adult youth to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent Signature _____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions your child may have. (Asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about your child/children (i.e., physical, behavioral, or emotional) that would be important for the adult leaders to know.