

**If your student desires to drive to any activity in their own vehicle I must have signed copy of "Permission to Drive".**  
**If your student desires to drive other students to any activity in their vehicle I must have this entire page filled out and signed.**  
**If your student desires to ride with another student driver I must have this entire page filled out and signed.**

**Permission to Drive**

NAMES

Student Driver #1 \_\_\_\_\_

I (we) hereby give permission for my (our) above mentioned youth to drive themselves to and from activities of the Ramoth Baptist Church Youth Group.

Parent of Driver / Guardian #1 - Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent of Driver / Guardian #2 - Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission to Drive with Others Students in Car**

NAMES

Student Driver #1 \_\_\_\_\_

Student Driver #2 \_\_\_\_\_

I (we) hereby give permission for my (our) above listed student(s) to drive the below listed student(s) in their vehicle for the purpose of participating in activities of Ramoth Baptist Church Youth Group.

Student Rider #1 \_\_\_\_\_

Student Rider #2 \_\_\_\_\_

Student Rider #3 \_\_\_\_\_

Parent of Driver / Guardian #1 -Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent of Driver / Guardian #2 -Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission to Ride with Student Driver**

NAMES

Student #1 \_\_\_\_\_

Student #2 \_\_\_\_\_

I (we) hereby give permission for my (our) above listed student(s) to ride with the following student(s) for the purpose of participating in activities of Ramoth Baptist Church Youth Group.

Student Driver #1 \_\_\_\_\_

Student Driver #2 \_\_\_\_\_

Parent of Rider / Guardian #1 -Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent of Rider / Guardian #2 - Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# Ramoth Baptist Church

948 Ramoth Church Road, Stafford, VA 22554 (540) 659-4588  
dougstell@gmail.com [www.ramothbaptistchurch.org](http://www.ramothbaptistchurch.org)

## CONSENT AND RELEASE FROM LIABILITY

\_\_\_\_\_ has my permission to participate in all activities of the Ramoth Baptist Church and to be transported by the Church or private car when necessary. I understand all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against the Ramoth Baptist Church, the sponsors, and the owner/or driver of the car or bus furnishing transportation to any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge. This consent and release is in effect until I give the Ramoth Baptist Church written notice to the contrary.

Parent/Guardian signature: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

## MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for \_\_\_\_\_ in the event of illness or injury during any sponsored activity of Ramoth Baptist Church. This permit is in effect until I give Ramoth Baptist Church written notice to the contrary.

Parent/Guardian signature: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insurance company's emergency phone: \_\_\_\_\_

## EMERGENCY INFORMATION

	Parents	Nearest Relative	Neighbor
Name			
Ad-			
Phone			

Please print (use the back of the form if necessary)

Has he/she had any surgery or serious illness within the last 3 years? \_\_\_yes \_\_\_no. If yes, explain:

Is he/she required to take any medication? \_\_\_yes \_\_\_no. If so, for what reason and how often?

Does he/she have any allergies or allergic reaction to any medication? \_\_\_yes \_\_\_no. If yes, explain.

Is he/she presently under a doctor's care? \_\_\_yes \_\_\_no. If yes, explain.