



5589 Holcomb Road  
Wayne, OH 43466

Church Office: 419-419-8352

## Church of the Good Shepherd Transportation Release

Date: \_\_\_\_\_

Please Print:

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list your entire household who has your permission to attend activities with Church of the Good Shepherd.

CHILD'S NAME

CHILD'S RELATIONSHIP TO YOU

<u>First</u>	<u>Last</u>	<u>Son</u>	<u>Daughter</u>	<u>Other (Specify)</u>	<u>Age</u>	<u>Birth date</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Do any of the above have allergic reactions to any medications or foods? Yes  No

If so please list their name(s) and the medications(s) or food(s) to which they are allergic.

I hereby give my permission for all the children listed above to ride the vehicle provided by The Church of the Good Shepherd to participate in activities and go to CGS Events for July 2014-Dec2015. I understand that my child(ren) will be under adult supervision at all times. I further understand that in signing this permission slip, I release and hold harmless CGS it's trustees, offices, employees, and any volunteers from any liability, past or future, fully and completely. I authorize the staff or designated medical professionals to administer emergency medical assistance if I cannot be reached. I understand photos may be used for promotions and I give CGS permission to use photos of my child for this purpose.

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_