



Van Ministry and Transportation
Permission Form

Name: _____ Date of Birth _____
Last First Middle

Age: _____ Current School Grade _____ Male _____ Female _____

Address _____
Street City State Zip

Parent's Name (Father) _____ Home Phone: _____
Cell Phone: _____

Parent's Name (Mother) _____ Home Phone: _____
Cell Phone: _____

_____ has permission for Wall Highway Baptist Church to
Name of Child

transport my child by van and/or transportation provided by volunteers, to and from Wall Highway Baptist Church or other religious organizations for church sponsored or church related activities within the Children's Ministries of Wall Highway Baptist Church. I understand that a Medical Release and Permission Form must be completed, returned, and on file for child to be transported.

Parent/Guardian Signature _____ Date: _____