

**Parental Permission Form to ride the bus
to and from Osceola United Methodist Church**



Name of Rider: _____

Medical Information

Family Doctor/Pediatrician: _____ Phone: _____

Allergies: _____

Medications: _____

Date of last Tetanus shot: _____

Other pertinent facts to which physician should be alerted: _____

Health insurance Company: _____

Policy #: _____

Medical Consent

I authorize the provision of medical treatment for my minor son/daughter if they become ill or injured while under church authority at any church sponsored activity and hereby, give my consent in the event that all reasonable attempts to contact me by phone have been unsuccessful, for the administration of any treatment deemed necessary by, the appropriate licensed physician, dentist or emergency personnel of the hospital. I release and will not hold Osceola United Methodist Church of Osceola, Indiana or the leaders involved in this ministry responsible in the event of accident, injury, illness or accidental death of my child/teenager.

Bus Riding Rules

1. I will stay at church after arriving and will not leave the church's property for any reason.
2. If I ride the bus in to Osceola UMC, I will ride it home the same day. Written parental consent is necessary if the rider has another way of getting home that Sunday.
3. I will not possess or use any drugs, alcohol or tobacco.
4. I will not possess any knives, fireworks, weapons and/or guns of any kind.
5. I will not swear or participate in "off color" conversations.
6. I will refrain from any bullying, name calling, or fighting with other participants.
7. I will refrain from all romantic displays of affection.
8. I will respect the authority of the bus driver and adult leaders and I will follow their instructions.
9. I will respect the pickup and drop off point.
10. I will treat the bus with care and will refrain from abusing it in any way.

Parent/Guardian

I understand that while my child participates in any church-sponsored activity, he or she is responsible to abide by the rules set forth by the church, its leaders and supervisory personnel. Any serious infraction of these rules by my son or daughter can result in loss of riding privileges indefinitely. If my student loses riding privileges, I agree to assume the responsibility of returning him or her home, and the cost of any damages, which may have been caused by my child.

Signature: _____ Date: _____

Print Name: _____

Home Phone: _____ Work/Cell Phone: _____

Address: _____

Student

I agree to follow all of the rules for riding the bus to and from Osceola United Methodist Church. I understand that if I break the rules in any way I can lose my riding privileges for good.

Signature: _____ Date: _____

Printed Name: _____

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