



Youth Name: _____

Youth Name: _____

Youth Name: _____

Youth Name: _____

Permission for Transportation

I (we) give permission for our child(ren) to be transported in First Community Church vehicles for Crossroads related programs. We understand that notification of such transportation will be provided to parents prior to the activity.

In the event of an emergency and all reasonable attempts to contact me have been unsuccessful: I give permission to the physician or hospital selected by the church staff to secure emergency stabilization and treatment, to hospitalize, to order injections, anesthesia, or surgery for above named child. I agree to assume responsibilities for medical costs incurred.

Parent/Guardian signature **X** _____

Date: _____

Emergency Contact: _____

Cell #: _____ Home #: _____ Work #: _____

North Campus
3777 Dublin Road
Columbus, Ohio 43221
614 488.0681
FAX 777.4098

South Campus
1320 Cambridge Boulevard
Columbus, Ohio 43212
614 488.0681
FAX 488.2763

www.FCchurch.com
info@FCchurch.com

Verbal Consent, if parent/guardian not present:

We have provided verbal consent to the following First Community Church staff member(s) for the named event below. Our emergency contact information is listed above.

Event Name & Date: _____

FCC Staff Member (print name): _____

FCC Staff Member signature: _____

Date: _____

FCC Staff Member (print name): _____

FCC Staff Member signature: _____

Date: _____