



## Driving Permission Form

Participant's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_

Name of Activity: **Discovery Zone! program**

Date(s) of Activity: **2018-2019**

City/Location of Activity: **Midland/Odessa, Texas**

Allergies or Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

I give permission for my son/daughter to attend Discovery Zone! activities that may take place off the campus of Christ Church Anglican. In the event of injury, I release Christ Church Anglican from any claim. I give permission for my son/daughter to ride in any vehicle designated by the Children's Ministry Coordinator. I give permission for the person in charge to seek medical services if needed. If you have HMO, please state requirements of that policy on back in order for person in charge to seek medical help.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_