



Fayetteville Christian School

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Transport Permission Form

Date:

I give permission for my student, _____ to be transported by Fayetteville Christian School to off campus events/activities.

Parent/Guardian Information

Name: _____

Daytime Phone: _____

Cell Phone: _____

_____(Initial) In the event of an accident or medical emergency, I authorize the supervising teachers/staff to seek medical assistance, and I will assume responsibility for all expenses.

Does the child have any existing medical conditions: **Y** **N**

Explanation:

Does the child have any allergies: **Y** **N**

Explanation:

Student's Name: _____ Student Grade: _____

Student's DOB: _____

Address: _____

Doctor's Name: _____ Phone Number: _____

Insurance Company: Policy Number: _____

Emergency Contact:

Daytime # _____ Cell # _____

Evening # _____

Parent Signature: _____

Date: _____