



INFORMED LETTER OF CONSENT FOR TRANSPORTATION

Name of youth: _____

Phone: _____

Medical number: _____ Emergency contact: _____

Transporting from and to locations – From: Powers Creek Community Church

To: Offsite location notified to parents before any event.

Date(s) of transportation: October 2024- June 2025

Details of the activity / risks: (include location / time, mode of transportation / driver's name /ratio of student to staff)

While every precaution is taken for safety, some activities including transportation carry with them the inherent risk of personal injury. Your permission is required to provide this transportation. If you are in agreement, please sign below and this copy will be held on file at the church.

Transportation Guidelines (as per www.plantoprotect.com)

- A copy of a valid driver's license and insurance coverage has been provided by all drivers
- Ministry personnel have been informed of the need for all drivers to have a minimum of five years of driving experience
- Ministry lead has ensured that supervision in cars complies with ministry personnel staffing guidelines and driver/volunteer has completed PTP training c/w updated criminal records check
- Photocopied authorization forms are on file with the church office

PERMISSION

I give permission for my child/charge ("child") to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date(s) indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers.

I attest and verify that I have been advised of the potential risks. I/we, named below, undertake and agree to indemnify and hold blameless Powers Creek Community Church, its personnel, its Directors, and its Board from and against any loss, damage, or injury suffered by the participant as a result of being part of the activities of Powers Creek Community Church, as well as of any medical treatment authorized by the supervising individuals representing the organization. This consent and authorization is effective only when participating in or traveling to/from events of Powers Creek Community Church.

I have read, understand, and agree with the above –

Activity: _____

Parent / Guardian signature: _____

Printed Name: _____ Date: _____