

### Car Transportation Waiver SAMPLE

Church Address and Phone Number  
Contact Name and Number for event:

**Dates of effective waiver:**

Sample: Academic year 2021-2022

**Student Information**

Student Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Guardian Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

In Case of Emergency Call (in order listed):

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

I give permission for my child/charge to be transported in a motor vehicle driven by the above referenced driver(s) to an event at the specified location on the date indicated.

