PARENTAL CONSENT FORM FOR ONE-ON-ONE TRANSPORTATION NEEDS PRESTON HOLLOW PRESBYTERIAN CHURCH

The PHPC "Statement of Purpose and Procedure for Safeguarding the Well Being of Children, Youth, and At-Risk Adults states:

¹It is preferred that two adults be present in each vehicle during the transportation of children, youth, or at-risk adults to and from activities. In those instances where there is only one child, youth, or at-risk adult present in the vehicle, two adults MUST be in the vehicle. **The ONLY permissible exception of when there is one adult with one child, youth, or at-risk adult in a vehicle alone is if the driver has been given expressed written consent from the parent/legal guardian of that child, youth, or at-risk adult (the written consent must be processed through the Pastor overseeing that Program area and filed in the Director of Human Resources' office).**

To be in compliance with our policy and give permission for your child/youth to ride with a church approved adult driver, please complete the following:

Child/Youth Name:	
(First & Last)	
Address:	
(Include City, State, & Zip Code)	
Parent or Guardian Name:	
(Print First & Last)	
Telephone Number(s):	
I, the undersigned give my permission for	to ride in any vehicle
designated by the adult leader of the PHPC program.	

Parent or Guardian Signature:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:______Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:____Date:_____Date:____Date:_____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:____Date:____Date:____Date:___Date:___Date:__Date:___Date:___Date:__Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date

8/20/2015