

**Transportation and Activity Authorization Form**  
(This form must be in possession of the transport driver prior to departure)

**Coshocton Baptist Church**

1631 Denman Ave  
Coshocton, Ohio

Darren Mansfield, Pastor

Church Phone: 622-9803

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

City: \_\_\_\_\_

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

I understand that Coshocton Baptist Church will pick up and return passengers only to the address listed above or at the church in the event of an activity.

Are there any physical limitations, medications, or reasons that any child cannot participate in physical activities?  Yes  No If your answer is yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

I understand by signing below, I am granting Coshocton Baptist representatives the authorization to transport, supervise, control my children's behavior and seek medical attentions at the nearest medical facility in case of emergency during the church's transport and activity being attended. I further agree that if medical attention is required and the alternative contact listed below or I cannot be contacted and a critical decision must be made, I authorize the attending doctor to make the decision for the proper treatment.

Signed by Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide an alternate contact in case of emergency:

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

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