



INDEPENDENT BIBLE CHURCH OF WILLOW GROVE  
 3155 Davisville Road  
 Willow Grove, PA 19090  
 215-659-0919

**BUS PERMISSION SLIP**

Group: \_\_\_\_\_

Destination: \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Times: \_\_\_\_\_

Name of Rider: \_\_\_\_\_

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

Home Phone #:    -    -     Age: \_\_\_\_\_

Cell Phone #    -    -     Grade: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone #:    -    -

Cell Phone #    -    -

Relationship to Rider: \_\_\_\_\_

Please list any allergies or special medical conditions of which we should be aware of:  
 \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ (If ss# is policy number then last 4 digits only)

In the event of an emergency, every effort will be made to contact the parent / guardian of the child. If no one can be reached, I give my permission to the IBC leader in charge to seek medical treatment for my child.

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Anyone riding the church bus **MUST** have a permission slip signed by parent or guardian before leaving church property.