

Dearborn Hills Student Ministries  
Parental Local Consent Form (Permission Slip)  
Version 1

Student's Name: \_\_\_\_\_

Parent's / Guardian's Name: \_\_\_\_\_

I hereby give my permission for the student listed above to participate in the following activities associated with the Dearborn Hills Student Ministries. (Check appropriate box(es)).

- \_\_\_ 1. Travel off campus (site) within a 50 mile radius from the church.
- \_\_\_ 2. To baby sit for the Adult paid & volunteer leadership (student ministry staff) during non ministry activities. *The staff member would call to set up childcare needs on an individual basis with parent and student.*
- \_\_\_ 3. Attend any Student Ministries sanctioned function at a Staff (see above) member's house or residence. (This would be a planned event on the Student Ministries schedule.)
- \_\_\_ 4. To ride with a student to / from a meeting in connection with the Student Ministries. It will be the parent's responsibility to monitor this activity with their child
- \_\_\_ 5. Have pictures modestly displayed on the Student Ministries web page.

I understand that all responsible caution will be taken by, those persons in charge to prevent injuries, but neither the leaders (staff) nor Dearborn Hills UMC will be held responsible in case of an accident. **I agree to accept all responsibility of, and expense for my student's transportation home, if in the opinion of the leaders (staff), my student acts in an inappropriate manner, or in a way creates a situation that could endanger the other students or adults.**

Signature of the Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical / Other information:**

The student named above is covered under medical insurance: YES or NO.

Name of Policy Holder: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Primary care Physician: \_\_\_\_\_

Allergies to medications, foods, or other pertinent medical information: \_\_\_\_\_

In the case I am unable to be reached in the event of a medical emergency, I hereby give my consent for my child (student) to be treated for personal injury at the nearest facility available and I will be responsible for all charges incurred.

Signatures of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

***It is the responsibility of the parent / guardian to update any and all information above that has changed.***