

Dearborn Hills Student Ministries  
Parental Travel Consent Form (Permission Slip)

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)).

\_\_\_\_\_ at \_\_\_\_\_

(event)

(Location)

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: \_\_\_\_\_

\_\_\_\_\_

The Child / Student is taking the following medications: \_\_\_\_\_

\_\_\_ I authorize my student (child) to be supervised over night by one adult leader of the same gender if it is necessary. This would be communicated to each parent prior to departing for the trip.

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: \_\_\_\_\_