

Dearborn Hills Student Ministries
Girl's All Nighter Form (Permission Slip)
Version: 02 Date 6/18/09

Student's Name: _____

Parent'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 the appropriate boxes).

_____Girls 2009 Sleep over_____ at _____Dearborn Hills UMC Youth Room_____
(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 that 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 the medical insurance. YES NO

Name of Policy Holder: _____

Insurance Company: _____ Policy # _____

Group # _____ Primary Care Physician _____

Allergies to medications, foods, or other pertinent medical information: _____

The child is taking the following medications: _____

I authorize my student (child) to be supervised during this activity by at least one adult leader of the same gender if it is necessary.

I understand my student (Child) will not be given any medication unless instructed above while participating on the above mentioned trip or activity.

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

Signature of Parent or Guardian: _____

Date: _____ Work or cell phone: _____

Emergency Contact Person: _____ Phone: _____