

Dearborn Hills United Methodist Church
Student Ministries
Parent Local Consent Form (Permission Slip)
Version 04: Date 8/13/2015

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 appropriate boxes).

- To babysit for the paid adult &/or volunteer leadership (Student Ministries staff) members during non-ministry activities. The staff member would call to set up childcare needs on an individual basis with parent and student.
- Attend any Student Ministries sanctioned event at a Staff (see above) member's residence. (This would be a planned event on the Student Ministries Schedule).
- To ride with a student to/from a meeting in connection with the Student Ministries. It is the parent's responsibility to monitor this activity with their child.
- Have pictures modestly displayed on the Student Ministries informational board and Web Site.
- Have your student connect through Student Ministries social medias (twitter, facebook, text service, snapchat, instagram etc..)

Signature of Parent/Guardian: _____

Date: _____ 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 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: _____

Emergency Contact Person: _____ Phone: _____

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