

STUDENT MINISTRIES PERMISSION SLIP FOR THE 2017-2018 SCHOOL YEAR

Please Print

STUDENT'S NAME: _____ DOB: _____

PARENT'S/GUARDIAN'S NAME: _____

SCHOOL: _____ GRADE: _____

PARENT'S EMAIL _____

SAFETY POLICY AND RELEASE

I hereby give my consent for the student listed above to participate in the scheduled Arcola UMC event. I understand that all responsible caution will be taken by those persons in charge to prevent injuries, but neither the leadership nor Arcola 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 leadership, my student acts in an inappropriate manner, or in any way creates a situation that could endanger the other students or adults.**

___ As the parent/guardian my initials acknowledge my agreement and consent to the Safety Policy and Release.

EMERGENCY POLICY AND RELEASE

In the case I am unable to be reached in the event of a medical emergency, I hereby give my consent for my youth to be treated for personal injury at the nearest facility available and I will be responsible for all charges incurred. I also authorize the leadership of Arcola UMC to authorize treatment for my student.

___ As the parent/guardian my initials acknowledge my agreement and consent to the Emergency Policy and Release.

MEDIA POLICY AND RELEASE

I give permission for my child's picture to appear in Arcola UMC communications and materials which may include postcards, brochures, websites, social media, videos etc...

___ As the parent/guardian my initials acknowledge my agreement and consent to the Media Policy and Release.

Medical Information and Emergency Contact

The student named above **is/is not** covered under medical insurance.

Name of Policy Holder: _____

Insurance Company: _____ Policy # _____

Allergies to medications, food, or other pertinent medical info:

The student is taking the following medication: (dosage, schedule, ...)

PARENT'S HOME PHONE: _____ PARENT'S CELL: _____

EMERGENCY CONTACT'S NAME: _____

EMERGENCY CONTACT'S PHONE: _____

I have read the details of this form and agree to the policy that has been outlined by the Youth Ministry of Arcola UMC. The below signature releases my student for involvement:

X _____

Date: _____

PRINTED NAME: _____