



**Annual Permission Slip
2014-2015**
for Darby Creek Community Church Events



Student's Information:

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

School _____ Grade _____

Student's Health Insurance Carrier _____

Student's Policy Number _____

Student's Birth Date ____/____/____
MM DD YYYY

Current Medications _____

Allergies _____

Any Special Medical Instructions _____

(If necessary, please attach page with detailed explanation)

(Student's Name) _____ has the permission of the undersigned to participate in Darby Creek Community Church events where he/she is driven in a vehicle by someone other than his/her own parent or guardian. This form is effective from **September 1, 2014 through August 31, 2015**. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the participant, or parents / guardians of the participant.

Parent / Guardian Signature: _____ *(Signature Required)* _____ *(Print Name)*

Check HERE ___ if you **DO NOT** want a photo or video of your student to appear in Darby Creek Community Church publications or website.

Mother's Name _____ Father's Name _____

Mother's Cell _____ Father's Cell _____

Mother's Email _____ Father's Email _____

In the event that I / we can't be reached, an emergency call may be made to the following person:

_____ whose number is _____

Original form to be kept on file at:

Darby Creek Community Church – 1145 Amity Road – Galloway – Ohio 43119