

**St. Paul United Church of Christ  
Parental Consent Form**

The undersigned, representing her/himself to be the parent, guardian, or other person having legal right to exercise parental authority, hereby express permission for my/our child (see name below) to take part in any trip, event, or outing sponsored by St. Paul United Church of Christ, 24158 Goddard Rd., Taylor, MI 48180, its Church School, or its Youth Fellowship, accompanied and/or driven by competent adult leaders from September 1, 2024, through August 31, 2025. I understand that I will be advised in advance of any such trip, event or outing, and am not obligated to allow my child to participate in a specific activity.

I / We, the undersigned, do hereby release and discharge St. Paul United Church of Christ, its Church School, its Youth Fellowship, and the group's accompanying adults from any and all liabilities whatsoever for any injury sustained by my/our child as a result of participating in the said trip, event, or outing, or during travel to/from places involved in said activity. I / We do hereby agree to hold the Church, the Church School, the Youth Fellowship, its leadership, and its volunteers absolved from any and all claims which may be made against the Church, the Church School program, the Youth Fellowship, its leadership, and its volunteers by the undersigned in my/our right or on behalf of my/our child, or any other person on behalf of my/our child, by reason of such injury and any expenses arising out of such injury.

In the event of accident, injury, or symptoms of illness indicating need for medical attention for my/our child, the leader or leaders of the trip, event, or outing, time and circumstances permitting, will use available means to communicate by telephone with the person(s) having parental authority. If not otherwise specifically instructed by such person(s), and in any case where the effort to communicate has failed, or in an emergency appearing to require immediate action, the leader or leaders of the trip, event, or outing are authorized to arrange and give consent for emergency medical care for my/our child by a licensed physician at any accredited hospital and I/we shall assume all debts to my/our child's illness or any unforeseen emergency not covered by the group's trip insurance.

Child's Full Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address/City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's Name \_\_\_\_\_ Work No. \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Allergies / Medication child takes regularly \_\_\_\_\_

Is child under a physician's care? Yes \_\_\_\_ No \_\_\_\_ Reason? \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

Insurance Carrier / Plan No. \_\_\_\_\_

I understand and agree to everything stated above:

\_\_\_\_\_  
Signature of Parent / Guardian / Person with Parental Authority Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian / Person with Parental Authority Date \_\_\_\_\_