

**2018 Medical Form  
INFORMATION SHEET  
HARRISBURG BAPTIST CHURCH  
TUPELO, MISSISSIPPI**

**1. Information about participant:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_ \_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ (Street and/or Post Office Box)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Parents or Guardian:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (If different than above) \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

In case of an emergency please call: \_\_\_\_\_

**2. Medical Information about participant:**

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Address: \_\_\_\_\_

List any medical condition the participant has and the treatment he/she is receiving:

Will participant be taking any Prescription medicine with him or her? \_\_\_\_\_ Yes \_\_\_\_\_ No

Names of Prescription medication:

List any allergies participant may have:

Medication: \_\_\_\_\_ Other: \_\_\_\_\_

List limitations on the participant's activities which should be followed due to medical reasons: \_\_\_\_\_

Other pertinent medical information not requested above which group leader should know about. (e.g., diabetic,

hemophiliac, restricted diet, etc.)\_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot:

**For Year 2018  
GENERAL PERMISSION PERMIT  
AND MEDICAL RELEASE**

We, the undersigned parent(s) or guardian of the within named minor child, request that            be allowed to participate in student activities of Harrisburg Baptist Church of Tupelo, Mississippi, in 2018

Furthermore, we hereby waive, release and discharge Harrisburg Baptist Church of Tupelo, Mississippi, their designated staff members, instructors, agents, workers, and employees from any claim or cause of action of any kind and any form, to include transportation of the above minor child, to and from any events in which said child may participate. Also, we waive any claim against the driver/owner of any vehicle used in the transportation of my child from any action rising during, before, or otherwise related to this trip.

We are satisfied that the driver(s) of the vehicle is a responsible, careful and considerate driver and will exercise judgment and discretion in all of his actions and decisions.

It is the intent of the Permission and Release to allow Harrisburg Baptist Church of Tupelo, Mississippi, to allow my child to participate in its activities, without fear of suit or other reprisal for any accident, etc., that might happen during the course of my child participating in church-related events.

Dated this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D.  
(year)

\_\_\_\_\_  
x Signature of Parent(s)

**LIMITED POWER OF ATTORNEY**

We, the undersigned parent(s) of \_\_\_\_\_ hereby authorize and grant the designated leader the power and authority and Power of Attorney to contract for or otherwise provide any and all kinds of medical care for our above named dependent to be exercised in his or her sole discretion. We further agree to reimburse him or her for any medical expense he or she might incur as a result of exercising this power and authority hereby granted on this date.

Further, the seeking of medical/dental or other care shall be in sole discretion of the designee herein above mentioned and he or she shall be allowed to choose any medical or health-related facility he or she might desire.

This instrument shall remain in full force and effect until revoked by the undersigned in writing.

WITNESS OUR SIGNATURES on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D.  
(year)

**X PARENT** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTARY PUBLIC** \_\_\_\_\_

(SEAL)

**My Commission Expires:**

**This is a certified copy. The original is on file in the church office.**