

**2019 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 2019
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 2019.

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.