

**First Baptist Church Plano
Student Ministry
Medical Permission/Limited Power of Attorney**

2017

Name _____ Date of Birth _____ Grade Completed _____

Email _____

Address _____

City _____ State _____ Zip _____

Parent/Legal Guardian _____

Home Phone _____ Work _____ Cell _____

Email _____

In case of emergency notify _____ Relationship to student _____

Phone _____

Another person to notify _____ Relationship to student _____

Phone _____

Family Physician _____

Phone _____

Insurance Company _____

Policy Number _____

Are you allergic to any medications, insect stings, food, etc? _____

Explain _____

Are you presently taking any prescribed medication? _____

Please list name & dosage. _____

Is there any special medical information we need to be aware of such as previous surgeries, special diet, or illness?

May we use appropriate pictures of your student on FBC Plano websites/publications? (circle one) YES NO

Can you swim? (circle one) YES NO

**THE FOLLOWING FORM MUST BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN
IN ORDER TO PARTICIPATE IN FBC PLANO STUDENT MINISTRY TRIPS AND ACTIVITIES
DURING THE YEAR 2017.**

I understand that _____ (student's name) will be accompanying First Baptist Church Plano on various trips and activities during the calendar year of 2017 and grant permission for a representative of First Baptist Church to transport said student, using the appropriate mode of transportation, to and from these various activities as necessary.

In addition to the above, I, _____, a parent/legal guardian of the above named student, do hereby grant permission to the responsible adult of First Baptist Church Plano on each youth trip or activity to obtain necessary medical attention in case of sickness or injury to the above named person.

I further grant my permission to any doctor, nurse or otherwise trained and authorized medical personnel to administer medication, to perform surgery, and to further perform any diagnosis and medical treatment necessary for the welfare of the above named person. I furthermore take full financial responsibility in case of such emergency.

I also release, acquit, discharge, and covenant to hold harmless First Baptist Church Plano or its representatives, or sponsors, from any and all actions, damages, or liabilities arising out of the treatment of my child for any sickness or accident, and accept financial responsibility for all medical treatment provided during the attendance of First Baptist Church Plano Student Ministry activities or trips.

Name of Parent/Legal Guardian (Please Print)

Date

Signature of Parent/Legal Guardian

Sworn to and subscribed before me this the _____ day of _____.

Notary Public _____

My Commission Expires: _____