

Parental Permission and Special Power of Attorney - Student

Last Name _____ First _____ Middle _____
Address _____

Phone Number (_____) _____ Birthday _____ Age _____ M / F

Emergency Contact Information

Name 1 _____ Relationship _____

Phone Number(s) _____

Name 2 _____ Relationship _____

Phone Number(s) _____

Insurance Information

Company _____ Policy Number _____

Holder's Name _____ Phone Number _____

Medical Information

Allergies (food, drugs, animals, etc) _____

Special Medical Needs _____

Physician's name and Phone _____

Previous Operations/Serious Illnesses (w/ date) _____

Current Medications _____

Immunizations: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

Parental Permission for Treatment and Release of Liability

I, being the parent/guardian of _____, a minor who attends Lakeside Baptist Church and who will, during the period of January 1 to December 31, 20____ accompany a representative of Lakeside Baptist Church of Lakeland, Polk County, Florida, on any church sponsored trip hereby appoint the said representative of Lakeside Baptist Church, as my true and lawful Attorney in Fact, for me and in my name, place and stead, to authorize, order, purchase and contact for such hospitalization, medical treatment, or surgical operations or procedures as he or she shall deem necessary for my above named minor child in the event of such child's injury or illness during the period of January 1 to December 31, 20____. Said representative of Lakeside Baptist Church may generally do and perform in my name all things necessary in or about the premises as fully and effectually in all respects as I could do if personally present. I understand that I will be responsible for any medical expenses.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in church functions. I do hereby release Lakeside Baptist Church and its representatives from all claims, actions, or demands due to death, injury, illness, or damage in any way resulting from participation in church events, activities, or trips. I understand that my child's failure to comply with the rules of church activities could result in my child being sent home at my expense. Dismissal from events will be at the representatives' discretion, and I agree to comply with this decision. IN WITNESS WHEREOF, I have executed this Special Power of Attorney this _____ day of _____, 20____.

DO NOT SIGN UNTIL IN THE PRESENCE OF A NOTARY _____
Parent/guardian Signature

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____.
() who is personally known to me
() who produced a driver's license issued by the Florida Department of Highway Safety and Motor Vehicles
() who produced the following identification:

Notary Signature

My commission expires: _____



Lakeside Baptist
Forward, impacting lives for Christ

Lakeside Baptist Church
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