

**MEDICAL POWER OF ATTORNEY
AND PERMISSION SLIP**

THIS POWER OF ATTORNEY IS VALID FROM

From: _____ To: _____ 20

I certify that my son/daughter _____ is physically fit to the best of my knowledge and has my permission to engage in all activities. In the event my son/daughter becomes ill or sustains any injury, or if I cannot be reached in an emergency, I hereby give permission to the physician, selected by the _____ (Group Leader's Name) or the adult leader in charge, to provide treatment for my son/daughter, including but not limited to hospitalization, proper anesthesia, x-rays, injection, and surgery. I will assume personal liability for any resulting expense which is not covered by insurance. In consideration of the benefits derived from this trip, I waive all claims against the Church of Christ of Sheldon, Wisconsin and Christ's Community Church of Jump River, Wisconsin and its leaders arising out of any accident, illness, injury, or other harm incurred by my son/daughter in connection with youth activities.

PARENT OR GUARDIAN'S SIGNATURE

EMERGENCY INFORMATION

Youth's Full Name _____ Age _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Name of Parents _____ Home Phone _____

Business Phone _____ Cell Phone or Pager Number _____

Other Emergency Contact Name _____ Phone _____

Date of Child's Last Tetanus Shot _____ Medication (if any) _____

Any allergies, special diets, or unusual medical conditions _____

HEALTH INSURANCE INFORMATION

Family Doctor's Name & Office Number _____

Health Insurance Provider _____ Policy Number _____

Health Insurance Phone Number _____