

Limited Power of Attorney for Emergency Medical Care Authorization

In the event the parent/guardian cannot be reached in a timely manner, given the emergency of the situation, this is to certify that Westwood Baptist Church has the permission of the undersigned to authorize for the person named on this form, any medical care by an attending physician, or others he or she may choose, in case of accidental injury, ingestion or illness. By my signature below, I hereby grant Westwood Baptist Church, and its representatives, authority by this Limited Power of Attorney, to give informed consent for the rendering of all necessary medical care to the above named child, until such time as I am able to personally contact those rendering the medical care. The undersigned accepts all financial responsibility for necessary treatment and services.

Student's Name _____
Last Name First Name Middle Initial Date of Birth

Parent(s)' Name _____
Last Name First Name First Name

Address/City/Zip _____

Home Phone # _____ Parent(s) Work #(s) _____ Cell Phone _____

Employer _____ Insurance Company _____

Insurance Plan Group/Policy/Membership Number _____

Doctor's Name _____ Phone # _____ Student's Blood Type _____

Date of Most Recent Tetanus Shot: _____ Do you wear contacts? Yes No Allergies/Physical Limitations: Yes No
If yes, please list & describe _____

Current Medications being taken: _____

Furthermore, I hereby grant Westwood Baptist Church permission to dispense: Tylenol (aspirin free) Ibuprofen Insect bite relief medication

If we are unable to reach the parents, call: Name _____ Phone #: _____

Parent/Guardian Agreement

- I/we give consent to the above Limited Power of Attorney for Emergency Medical Authorization.
- I/we have reviewed the information about this activity and give permission for the child mentioned above to participate in the activities offered by Westwood Baptist Church.
- I/we understand all reasonable safety precautions will be taken by Westwood Baptist Church staff and its agents, but that there exists an inherent possibility of an unforeseen accident, incident, illness, injury and/or personal property loss to the child mentioned above.
- I/we consent to the use of any video, photo and audio images/recording of the child mentioned above for the use of future promotions of Westwood Baptist Church.

Signed/Relationship _____ Date _____