

Chapel Hill Presbyterian Church Medical Power of Attorney/Permission Form

Student 1 Name (Last, First)

Date of Birth

Student 2 Name (Last, First)

Date of Birth

1. Contact Information

Parent/Guardian Name

Parent/Guardian E-mail

Parent/Guardian Street Address City, State, Zip

Day Phone

Evening Phone

Cell Phone

Emergency Contact Name

Relationship to Student

Day Phone

Evening Phone

Cell Phone

2. Insurance and Medical Information

Insurance Company and Plan Name

Member's Name (parent)

Member's ID Number (parent)

Group Name and ID Number

Student's Insurance ID Number

Insurance Phone Number

Student 1 – Allergies or special medical needs

Student 2 – Allergies or special medical needs

3. Parent/Legal Guardian Consent

I (parent/guardian name) _____ do hereby grant permission for Student 1 and Student 2 to attend any Chapel Hill youth event. Further, in the event that a parent/legal guardian of the above mentioned child(ren) is unable to be reached in an emergency, I do make constitute and appoint any responsible adult member of the Chapel Hill Church group my true and lawful attorney-in-fact to act for me in my name, place and stead for the following purposes:

TO AUTHORIZE ANY AND ALL MEDICAL, DENTAL, AND HOSPITAL CARE AND TREATMENT, EITHER PREVENTATIVE OR CORRECTIVE, INCLUDING MAJOR SURGERY, DEEMED NECESSARY BY A DULY LICENSED PHYSICIAN OR DENTIST FOR THE HEALTH AND WELL-BEING OF MY CHILD (REN).

As my attendance at a Chapel Hill function is a privilege, I release Chapel Hill Presbyterian Church, including its trustees, employees and agents, from my physical injury, including death, or illness while at any event, including my Chapel Hill sponsored travel, in consideration of this privilege. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

******* PLEASE COMPLETE PAGE TWO OF THIS DOCUMENT*******

If I am under 18, my parent or guardian, by signing below, also consents to my release and he/she agrees that this release shall be binding upon him/her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent/guardian also promises, by signing below to defend, indemnify and hold Chapel Hill harmless from any claim asserted by me against Chapel Hill, including its trustees, employees, and agents, if I should repudiate this release after obtaining adulthood.

Parent/Guardian Initial _____ **Student 1 Initial** _____ **Student 2 Initial** _____

I hereby grant permission to Chapel Hill to photograph the said child during youth activities and to use the photographs in Chapel Hill audio-visual and printed materials without compensation or approval rights.

Parent/Guardian Initial _____ **Student 1 Initial** _____ **Student 2 Initial** _____

4. Medical Power of Attorney

GIVING AND GRANTING unto my said attorney full power and authority to do and perform every act, deed, matter and thing necessary, desirable or expedient to accomplish any of the specifically enumerated purposes, lawfully done pursuant to the authority hereinabove conferred. However, all business transacted hereunder on my account shall be transacted in my name, and all endorsements and instruments executed by my said attorney and the designation "attorney-in-fact" Any act lawfully done hereunder by my said attorney shall be binding on myself and my heirs, representatives, and assigns.

Unless revoked or terminated by me, this Medical Power of Attorney shall REMAIN IN EFFECT for ONE YEAR

following this _____ Day of _____, 20_____.

Parent/ Guardian Signature Date

5. Consent Information

I, _____ do hereby accept the above conditions.
Parent/Guardian Name

Parent/Guardian Signature Date

I, _____ do hereby accept the above conditions.
Student 1 Name

Student 1 Signature Date

I, _____ do hereby accept the above conditions.
Student 2 Name

Student 2 Signature Date

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