

Southland Community Church
5800 W Smith Valley Road
Greenwood, Indiana 46142
317-883-8988

PERMISSION FORM/Limited Power of Attorney

Duration: January 1, 2011 – December 31, 2011

PART 1: For the Student

I, _____ (Student), desire to participate in the activities of the Southland Community Church Student Ministry, and promise to follow the instructions of the Student Ministry Staff and volunteers and to respect the rights of others. I promise not to bring or use alcohol, tobacco, weapons, illegal drugs, fireworks, or other inappropriate materials. I agree, if I violate this promise, my Parent(s)/Guardian(s) may be notified and I may be sent home at my expense, before the activity is over. The duration of this agreement is one year as set forth above.

Student Signature _____ Date _____

Age _____ Grade _____ Birth date _____

PART 2: For the Parent/Guardian

I/We, the undersigned, hereby grant _____ (son/daughter) permission to attend and participate in all activities of the Southland Community Church Student Ministry. We hereby give permission for the above-named minor to ride in any vehicle designated by the Student Ministry staff in whose care the minor has been entrusted while attending and participating in activities sponsored by the Southland Community Church Student Ministry.

LIABILITY WAIVER

I/We further permanently release and hold harmless Southland Community Church, the individual volunteer staff members and all staff members and leaders of Southland Community Church from any civil liability for loss, injury, or damage to my son/daughter or property which may result from his/her participation in any activities covered by this permission form. The duration of this agreement is one year as set forth above.

LIMITED PURPOSE POWER OF ATTORNEY

Consent to Treatment of a Minor

A. The undersigned appoint and delegate to the Student Ministry staff the power to consent on our behalf to all emergency treatment and/or medical/dental care (except elective) of _____ (son/daughter) determined to be necessary or desirable by the student's attending physician/dentist at his/her hospital.

B. The Power of Attorney shall continue for the period set forth above while such student is under the supervision of the student ministry staff or until revoked in writing by the undersigned. Physicians, medical staff or dentists may rely on the fact that this authorization is in effect unless notified otherwise.

C. The undersigned certify that they have read and understood this Power of Attorney.

D. In the event of medical/dental treatment, parents/guardians are completely responsible for any treatment cost incurred.

Student Initials p. 1 _____

Parent Initials p. 1 _____

HEALTHCARE INFORMATION

1. Student Name _____

2. Insurance Company _____

3. Policy Holder Name _____ Policy Holder SS# _____

4. Policy Number _____ Group # _____

5. Insurance Company Address _____

6. Insurance Company Phone Number _____

7. Prescription Insurance (if different from above):

Company _____

Policy Holder _____

Policy Number _____

8. Allergies _____

9. Medications now being taken (name, reason given, amount given)

10. Conditions/problems _____

11. Family Physician

Name/Number _____

UNDERSIGNED SIGNATURE OF PARENT OF GUARDIAN

Parent/Guardian signature: _____ Date: _____

Relationship to minor: _____

Father Home Phone _____ Cell/Work Phone _____

Mother Home phone _____ Cell/Work Phone _____

Parent/Guardian Address: _____

2nd Emergency contact (other than parent /guardian):

Relationship to minor: _____ Phone _____

In case of the need for medical or dental attention, the Student Ministry staff will contact you as quickly as possible.

Notary

State of Indiana

ss:

County of _____)

Before me, a notary Public in and for said county and state, personally appeared the _____, who acknowledged the execution of the foregoing and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand & seal this _____ day of _____, _____.

My commission expires

Signature: _____

Printed: _____

Resident of _____ County, Indiana.