



DeSoto Hills
BAPTIST

**General Permission Permit
And Medical Release**

We, the undersigned parent (s) or guardian of the within named minor child, request that _____ be allowed to participate in youth activities of DeSoto Hills Baptist Church, Southaven, Mississippi.

Furthermore, we hereby waive, release and discharge DeSoto Hills Baptist Church of Southaven, Mississippi, their designated staff members, instructors, agents, workers, and employees from any claim or cause of action of any kind and any form, to include transportation of the above minor child, to and from any events in which said child may participate. Also, we waive any claim against the driver/owner of any vehicle used in the transportation of my child from any action rising during, before, or otherwise related to this trip.

We are satisfied that the driver (s) of the vehicle is a responsible, careful and considerate driver and will exercise judgment and discretion in all of his actions and decisions.

It is the intent of the Permission and Release to allow DeSoto Hills Baptist Church of Southaven, Mississippi, to allow my child to participate in its activities, without fear of suit or other reprisal for any accident, etc., that might happen during the course of my child participating in church-related events.

Dated this the _____ day of _____, A.D., _____.

Signature of Parent (s)

Limited Power of Attorney

We, the undersigned parent (s) of _____ hereby authorize and grant the designated leader the power and authority and Power of Attorney to contact for or otherwise provide any and all kinds of medical care for our above named dependent to be exercised in his or her sole discretion. We further agree to reimburse him or her for any medical expense he or she might incur as a result of exercising this power and authority hereby granted on this date.

Further, the seeking of medical/dental or other care shall be in sole discretion of the designee herein above mentioned and he or she shall be allowed to choose any medical or health-related facility he or she might desire.

This instrument shall remain in full force and effect until revoked by the undersigned in writing.

WITNESS OUR SIGNATURES on this the ____ day of _____, A.D. _____

(SEAL) My Commission Expires: _____

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And Medical Release**

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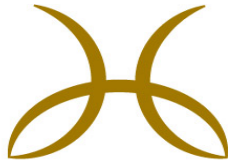
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Signature of Parent (s)



DeSoto Hills
BAPTIST

DESOTO HILLS BAPTIST CHURCH
SOUTHAVEN, MISSISSIPPI

1. Information about participant:

Name _____ Date of Birth: _____

Address _____
(street and/or Post Office Box)

_____ (city) _____ (state) _____ (Zip)

Parents or Guardian:

Name _____ Home Phone _____

Address (if different than above) _____

Father's Employer _____ Phone _____

Mother's Employer _____ Phone _____

Insurance Company _____

In case of an emergency please call _____

2. Medical Information about participant:

Age _____ Sex _____ Blood type _____

Family Doctor _____

Office Phone _____ Office Address _____

List any medical condition the participant has and the treatment he/she is receiving _____

Will participant be taking any prescription medicine with him or her? ___ Yes ___ No

Names of prescription medication _____

List any allergies participant may have _____

Medication _____ Other _____

List any limitations on the participant's activities which should be followed due to medical reasons _____

Other pertinent medical information not requested above which group leader should know about (such as diabetic, hemophiliac, retracted diet, etc.) _____

Date of last tetanus shot _____

3. Please attach a copy of your insurance card.