-

LIMITED POWER OF ATTORNEY

**for**

# EMERGENCY MEDICAL TREATMENT

Name of Dependent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ School Grade of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Month/Day/Year)

**T-SHIRT SIZE (specify Youth or Adult) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPC MEMBER OR NON-MEMBER (circle one)**

**PHOTO RELEASE PERMISSION:** I hereby authorize Allen Park Presbyterian Church to publish the photographs or video taken of my child, and their name, for use in printed publications, videos, and on authorized Web sites. Please check answer…..YES \_\_\_\_ NO \_\_\_\_.

Name of Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle Initial

"I hereby grant to Michelle James, Megan Cuthbert, Denise Church, Nicholas Church, Christopher Niemi, Maureen Klein, Carrie O’Riley, Jeffrey O’Riley, Alex VanWallaghen, Ryan VanWallaghen, Kerri VanWallaghen, Matthew Jones, Sheri Keys, Nick Mikolajewski, Amy Bowerman, Raymond Bedient and to persons designated in writing by them, who serve as advisors for the Allen Park Presbyterian Church (USA), 7101 Park Avenue, Allen Park, Michigan 48101 {Insert number}), the LIMITED POWER OF ATTORNEY to act for me and to give the required consents and authorizations for the delivery of necessary medical care, diagnoses, and treatment to the above-named child and to do all other necessary things as I might or could do if personally present.

"This LIMITED POWER OF ATTORNEY is given pursuant to the provision of State of Michigan P.A. 1978, NO. 642, Section 405 of the Probate Code; is intended to authorize the above-mentioned Advisors to act in my place and stead in all states of the United States and all provinces and territories of Canada; and is effective **from 03/01/16 to 09/30/16.** I understand that one of the above-named Advisors will make repeated attempts to contact me prior to seeking any medical treatment for the above-named child except in situations that appear to be life-threatening. I agree that the Allen Park Presbyterian Church (USA), its employees, boards, ministers, and Advisors are free of any liability for decisions and /or actions taken in connection with this Limited Power of Attorney, and that I will accept responsibility for all expenses incurred for medical treatment for the above-named child."

Subscribed and sworn to before me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

this \_\_\_\_\_\_\_\_\_\_ day of Signature of Parent or Legal Guardian

(MUST be signed IN THE PRESENCE OF the Notary Public)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME Relationship to Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_ Parent's/Guardian's Street Address

Commission Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INSURANCE INFORMATION Telephone (Area Code and Number)

Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone

Policy Numbers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Policy Holder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent E-mail

Verification Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth E-mail

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PLEASE TURN FORM OVER**  Back-up Contact Persons name and number(s)