Grosse Ile Presbyterian Church
LIMITED POWER OF ATTORNEY -for Emergency Medical Treatment
2016-2017

Name of Dependent _____
First Middle Last

Date of Birth _____ Grade_____Social Security # (optional)_____

Name of Parent/Legal Guardian _____
First Middle Last

I hereby grant to the following individuals: Rev. Phil Reed, Ms. Grace Iglehart, Mrs. Janice Holmes, Ms. Lina Cortes, Mrs. Carole Poleski or any other chaperone designated by Grosse Ile Presbyterian Church, 7925 Horsemill Road, Grosse Ile, MI 48138 (734) 676-8811, 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 treatments 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 and is effective for the period of 9/01/16 to 8/31/17. I agree to accept responsibility for all expenses incurred for medical treatment for the above-named child.

Subscribed and sworn to before me this _____ day of _____ , 20____.

_____
Signature of Parent/Legal Guardian (This must be signed in the presence of a Notary Public)

_____
Notary Public
My Commission expires on
_____, 20_ ___

_____
Relationship to Child

_____
Street Address

_____
City, State, Zip Phone

Medical Insurance Information

Carrier & Policy Number _____

_____ Phone # -_____

Emergency Contact and Miscellaneous Medical Information

If unable to contact me, please contact the following person while continuing to try to reach me.

Name _____Phone (with area code) _____

Allergies _____

Date of last Tetanus _____

If the participant will be taking medication on a youth trip – prescription or over-the-counter – please list the medications to be taken. _____

_____