

# Student Medical Permission/ Limited Power of Attorney

Benton Academy  
PO Box 308  
216 Academy Drive  
Benton, MS 39039  
(662) 673-9722

## PLEASE COMPLETE ONE PER STUDENT

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

In case of emergency notify \_\_\_\_\_

Phone \_\_\_\_\_

Another person to notify \_\_\_\_\_

Phone \_\_\_\_\_

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

Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Phone \_\_\_\_\_

Are you allergic to any medications, insect stings, food, etc.? Explain

\_\_\_\_\_

Are you presently taking any prescribed medication? Please list name & dosage

\_\_\_\_\_

Is there any special medical information we need to be aware of such as previous surgeries, special diet, or illness?

\_\_\_\_\_

Can you swim? YES NO

THE FOLLOWING FORM MUST BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN IN ORDER TO PARTICIPATE IN BENTON ACADEMY TRIPS AND ACTIVITIES FOR THE 2022-2023 SCHOOL YEAR.

I understand that \_\_\_\_\_ (student's name) will be accompanying Benton Academy on various trips & activities during the 2024-2025 school year. In addition to giving my permission for \_\_\_\_\_ (student's name) to participate in these activities

I, \_\_\_\_\_, a parent/legal guardian of the above named person, do hereby grant permission to the responsible adult at Benton Academy on each trip or activity to obtain necessary medical attention in case of sickness or injury to the above named person. I further grant my permission to any doctor, nurse or otherwise trained and authorized medical personnel to administer medication, to perform any medical treatment necessary for the welfare of the above named person. I furthermore take full financial responsibility in case of such emergency.

I also release, acquit, discharge, and covenant to hold harmless Benton Academy or its representatives, or sponsors, from any and all actions, damages, or liabilities arising out of the treatment of my child for any sickness or accident, and accept financial responsibility for all medical treatment provided during the attendance of Benton Academy activities or trips.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Sworn to me and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_