

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 2026-2027 SCHOOL YEAR.

I understand that _____ (student's name) will be accompanying Benton Academy on various trips & activities during the 2026-2027 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 _____