

AUTHORIZATION and RELEASE FORM

Cornerstone United Methodist Church, Naples, FL

Name: _____ Date of Birth: ___/___/___ Sex: ___ Social Security #: _____-____-_____

Address: _____

Name of Father: _____ Mother: _____

If you live with only one parent or live with a guardian other than a parent, with whom do you live? _____

List **ALL** health restrictions (i.e. allergies [including medications], physical limitations, etc.).

List **ALL** medications to be taken (including non-prescription) and times to be taken. You may attach a separate list.

Medical Insurance Co.: _____ Policy or Group #: _____

Father's Employer: _____ Mother's Employer: _____

Phone #'s where parents may be reached (indicate which parent/guardian and if it is a cellular number):

(day) _____ (night) _____

Other emergency contacts (include names, relationships, and numbers): _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY

To Whom It May Concern: _____ (print youth's full name) has my permission to participate in Cornerstone United Methodist Youth events and to ride in transportation as provided by the church and volunteers. In the event of an emergency I understand a reasonable effort will be made to contact me. If I cannot be contacted, please seek any medical assistance needed while he/she is with this group as per the attached, notarized POWER OF ATTORNEY FOR MEDICAL CONSENT.

I, _____, as parent or guardian of _____, a minor, have read and understand the above document. By signing this document I hereby release Cornerstone United Methodist Church of Naples, Florida from any and all liability for personal injury, illness, or damage to property.

Signature of Parent or Guardian

___/___/___
Date

Relationship to Minor

POWER OF ATTORNEY FOR MEDICAL CONSENT

BEFORE ME, the undersigned Notary, personally came and appeared

_____, who did depose and state:
Print Full Name of Parent

I am the parent of _____, whose date of birth is
Print Full Name of Minor Child

___/___/___ and whose Social Security Number is _____.

I do hereby authorize, Jennifer Pavon, the Director of Youth Ministries, or any adult workers with youth from Cornerstone United Methodist Church of Naples, Florida, agents for undersigned, to act In Loco Parentis on my behalf to authorize to consent to any dental care, medical examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care of my minor child, which the discretion of such persons deems to be necessary, advisable, in the best interest of my minor child, and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act or the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

THUS DONE AND SIGNED this ___ day of _____, 20___.

Signature of Parent

NOTARY PUBLIC

COUNTY OF _____
STATE OF FLORIDA