

# Medical Authorization and Release Form

The undersigned parent(s) hereby authorize First United Methodist Church as a Health Care Surrogate under Florida law, to request and consent to any medical and dental treatment, including surgery, on behalf of the minor named below, and hereby release all health professionals and institutions rendering such treatment and care from all consequence or relying on his/her direction.

Furthermore, the undersigned consent to said minor participating in group events and travel under the leadership of the above named person and others, and do hereby release First United Methodist Church of Winter Park, its staff and all drivers of motor vehicles transporting such minor from all liability for damages arising from any personal injury to said minor in excess of that coverage for which is provided by any insurance carrier providing applicable coverage.

It is agreed that this authorization and release is a material inducement to the adult leaders of said trip to accept said minor as a program and travel participant. This release is made individually and as natural guardian(s) of said minor, and continues in effect for three years from date hereof.

All information will be kept in a confidential file.

Today's Date: \_\_\_\_\_

Minor's name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Home phone: \_\_\_\_\_ Mother work/cell: \_\_\_\_\_

Father work/cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies (food, drug, other): \_\_\_\_\_

Medical Conditions/Special Needs: \_\_\_\_\_

Current Medications: \_\_\_\_\_