

Lynn Haven United Methodist Church  
4501 Transmitter Rd  
Panama City, FL 32404  
850-265-5231

# Youth 2019/2020

Fusion Campus  
3203 Minnesota Ave.  
Panama City, FL 32405  
850-248-3800

**\*\*THIS FORM MUST BE SIGNED and NOTARIZED  
IN THE PRESENCE OF A NOTARY PUBLIC\*\***

## Authorization for Medical Treatment

We, the undersigned, as the parents and/or guardians of \_\_\_\_\_, hereby consent to any and all emergency medical and surgical treatment, including anesthesia and surgical procedures, which may be deemed advisable by qualified physicians selected by agents or officials of Lynn Haven United Methodist Church. The intention thereof is to grant authority to administer and to perform examinations, treatments, anesthesia, surgical procedures, and diagnostic procedures, which may now, or during the course of the patient's care be deemed advisable or necessary by qualified physicians.

STUDENT NAME \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

STUDENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENT OR GUARDIAN NAME \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED

\_\_\_\_\_ CELL PHONE # \_\_\_\_\_

Is your student allergic to any form of medication or anesthesia? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Is your student presently under medical treatment/taking medication? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Frequency of medication: \_\_\_\_\_

If student needs medication while on a trip with the Youth ministry, please talk to the Youth Pastor before each trip.

IN WITNESS of our consent and agreement with the matters stated above, we have subscribed our signatures below.

DATE: \_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian Signature

DATE: \_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian Signature

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

SUBSCRIBED and sworn to before me, a Notary Public, the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

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

\_\_\_\_\_  
NOTARY PUBLIC

AFFIX SEAL HERE: