



My Child is responsible for taking his/her own medication. Yes No (If no, please attach schedule)

May adults in charge of program administer:

Aspirin? Yes No Advil? Yes No
Tylenol? Yes No Benadryl? Yes No
Midol? Yes No Antibiotic Ointment? Yes No

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical/Health Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY

In the event that my child becomes ill or is injured or for any reason requires medical treatment while attending a Anona United Methodist Church function or activity, I do hereby consent to any and all medical and/or surgical treatment, including anesthesia and operations, which may be deemed advisable by any qualified physician(s) selected by agents or officials of Anona United Methodist Church. In the event medical treatment is necessary, I hereby authorize any adult staff member of Anona United Methodist Church or any other responsible adult accompanying the Church Ministry to give such consent for treatment and further agree to hold any person harmless from any liability, claims, demands, or suits of any nature arising from the giving of consent as long as the treatment is administered by or under the supervision of a licensed physician. The intention of this release is to grant authority to administer and perform any and all examinations, treatment, anesthetics, operations, and diagnostic procedures which may be deemed advisable or necessary by a qualified physician. I agree that payment for all charges incurred for medical examination and treatment is guaranteed by the parent/guardian or insurance company providing coverage for the above named student.

My signature on this form constitutes my consent for my child to participate in these activities.

\_\_\_By checking this line I decline consent for use of photographs/videos taken of my student to be used on the Church website or any other promotional literature.

\_\_\_By checking this line I decline consent for my child to travel to and from events in transportation provided by staff and/or volunteer drivers.

\_\_\_By checking this line I decline consent for my child to use social media and/or texting in accordance with Anona UMC policies to contact church staff and church approved volunteers AND require that I must be copied on communications via email, text, or messaging.

Parent or Guardian Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Must be signed in the presence of a notary.

STATE OF FLORIDA, COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification, and who did not take an oath.

Signature of Notary

Name of Notary (Printed or Stamped)

(Serial Number — if any)