



Youth Group of First United Methodist Church Of Port St. John

Rev. Dr. Daniel J. Parrish
Pastor

AUTHORIZATION FOR MEDICAL TREATMENT AND TRANSPORT

I/We, the undersigned parent(s) or legal guardian of _____, a minor, hereby authorize the bearer of this letter to act as agent for the undersigned in the event that emergency treatment, hospital care, or surgery is deemed advisable by, and is to be rendered under the general and specific supervision of, any licensed physician or surgeon. Permission to provide any medical treatment whatsoever is hereby granted. It is understood that this authorization is given in advance of any specific diagnosis or emergency treatment being rendered.

The bearer of this letter is also granted permission to transport my/our son/daughter to and from any and all functions, activities, or in the event of emergency medical treatment related to the Youth Group of First United Methodist Church Port St. John.

This authorization shall remain in effect for one year from the date of execution.

MEDICAL INFORMATION: My/Our son/daughter is allergic to the following and/or has the following specific medical condition and/or takes the following medication: (If none, so state.)

Administer Acetaminophen: _____ Yes _____ No

Father/Legal Guardian

Mother/Legal Guardian

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this ___ day of _____, 2____ by _____ who is personally known to me or has produced _____ as identification.

My commission expires: _____

OFFICIAL SEAL

NOTARY PUBLIC

Signature: _____

Printed Name: _____