

**First United Methodist Church, Inc.
Student Ministry Medical Form**

STATE OF FLORIDA COUNTY OF OKALOOSA

BEFORE ME, the undersigned Notary Public, personally appeared _____
_____ and _____, who after being duly sworn say
as follows:

Affiant(s) is/are the parent(s)/guardian(s) of _____("child") and
as such do hereby understand that the First United Methodist Church of Fort Walton
Beach, Florida, Inc. ("Church") does not provide accident insurance and affiant shall
assume all financial obligations due to an accident, injury, or illness of child. Affiant
hereby grants permission for the child to receive any and all necessary medical
treatment in the event of an injury or illness as a result of this participation as may be
determined by an authorized medical doctor. Affiant does hereby designate Church's
staff member, James Whited and/or any other adult counselors in attendance as
affiant's attorneys in fact for the purpose of arranging for and consenting to medical,
therapeutically, and surgical procedures for the child, including administration of drugs
pursuant to F.S. 709.08 and 743.0645(2) for the calendar year 20___. In consideration
of the foregoing, affiant for themselves and said child do hereby agree to indemnity and
save harmless Church against any claim for damages, compensation or other action by
reason of the exercise of (1) this power of attorney, including costs and attorney's fees
or (2) the attendance by this child of this event.

Affiant states that the following is true and correct:

Name of INS. Company _____

Mailing Address _____

City _____ State _____ Zip _____

Name of Subscriber _____

Relationship to Participant _____

Policy Number _____

Doctor _____ Doctor's Phone Number _____

Parent's Home Phone _____ Work Phone _____

If unable to reach me, contact the following:

Name _____

Relation _____ Phone Number _____

MEDICAL INFORMATION

Natural allergies (bee stings, dust, etc.): _____

Allergies to medication: _____

Any known medical problems we should be aware of _____

Any other information we might need? _____

Parent / Guardian

State of _____

Address: _____

County of _____

This _____ day of _____,
20 ____.

Phone: _____

NOTARY PUBLIC