

POWER OF ATTORNEY FOR MEDICAL CONSENT

BEFORE ME, the undersigned Notary, personally came and appeared

\_\_\_\_\_, who did depose and state:  
Print Full Name of Parent

I am the parent of \_\_\_\_\_, whose date of birth is \_\_\_\_\_,  
Print Full Name of Minor Child  
\_\_\_\_/\_\_\_\_/\_\_\_\_ and whose Social Security Number is \_\_\_\_\_. I do hereby authorize, Shawn Winburn, Director of Youth Ministries, or any adult workers with youth from Long's Chapel United Methodist Church of Lake Junaluska, North Carolina, agents for undersigned, to act In Loco Parentis on my behalf to authorize to consent to any dental care, medical examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care of my minor child, which the discretion of such persons deems to be necessary, advisable, in the best interest of my minor child, and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act or the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

THUS DONE AND SIGNED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Parent

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

COUNTY OF \_\_\_\_\_  
STATE OF NORTH CAROLINA

**AUTHORIZATION and RELEASE FORM**  
**United Methodist Youth Fellowship**  
**Long's Chapel United Methodist Church, Lake Junaluska, NC**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Name of Father: \_\_\_\_\_ Mother: \_\_\_\_\_

If you live with only one parent or live with a guardian other than a parent, with whom do you live? \_\_\_\_\_

List **ALL** health restrictions (i.e. allergies [including medications], physical limitations, etc.).

\_\_\_\_\_

\_\_\_\_\_

List **ALL** medications to be taken (including non-prescription) and times to be taken. You may attach a separate list.

\_\_\_\_\_

\_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Phone #'s where parents may be reached (indicate which parent/guardian and if it is a cellular number):

(day) \_\_\_\_\_ (night) \_\_\_\_\_

Other emergency contacts (include names, relationships, and numbers): \_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY**

To Whom It May Concern: \_\_\_\_\_ (print youth's full name) has my permission to participate in Long's Chapel United Methodist Youth Fellowship events and to ride in transportation as provided by the church and volunteers. In the event of an emergency I understand a reasonable effort will be made to contact me. If I cannot be contacted, please seek any medical assistance needed while he/she is with this group as per the attached, notarized POWER OF ATTORNEY FOR MEDICAL CONSENT.

I, \_\_\_\_\_, as parent or guardian of \_\_\_\_\_, a minor, have read and understand the above document. By signing this document I hereby release Long's Chapel United Methodist Church of Lake Junaluska, North Carolina from any and all liability for personal injury, illness, or damage to property.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Relationship to Minor*